

TITLE V BLOCK GRANT APPLICATION
FORMS (2-21)
STATE: PW
APPLICATION YEAR: 2010

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FORM 2
MCH BUDGET DETAILS FOR FY 2010

[Secs. 504 (d) and 505(a)(3)(4)]

STATE: PW

1. FEDERAL ALLOCATION

(Item 15a of the Application Face Sheet [SF 424])
Of the Federal Allocation (1 above), the amount earmarked for:

\$ 152,000

A.Preventive and primary care for children:

\$ 98,800 (65%)

B.Children with special health care needs:

\$ 45,600 (30%)

(If either A or B is less than 30%, a waiver request must accompany the application)[Sec. 505(a)(3)]

C.Title V administrative costs:

\$ 7,600 (5%)

(The above figure cannot be more than 10%)[Sec. 504(d)]

2. UNOBLIGATED BALANCE (Item 15b of SF 424)

\$ 0

3. STATE MCH FUNDS (Item 15c of the SF 424)

\$ 0

4. LOCAL MCH FUNDS (Item 15d of SF 424)

\$ 114,000

5. OTHER FUNDS (Item 15e of SF 424)

\$ 0

6. PROGRAM INCOME (Item 15f of SF 424)

\$ 0

7. TOTAL STATE MATCH (Lines 3 through 6)

(Below is your State's FY 1989 Maintenance of Effort Amount)

\$ 0

\$ 114,000

8. FEDERAL-STATE TITLE V BLOCK GRANT PARTNERSHIP (SUBTOTAL)

(Total lines 1 through 6. Same as line 15g of SF 424)

\$ 266,000

9. OTHER FEDERAL FUNDS

(Funds under the control of the person responsible for the administration of the Title V program)

a. SPRANS: \$ 0

b. SSDI: \$ 94,644

c. CISS: \$ 140,000

d. Abstinence Education: \$ 0

e. Healthy Start: \$ 0

f. EMSC: \$ 0

g. WIC: \$ 0

h. AIDS: \$ 0

i. CDC: \$ 0

j. Education: \$ 0

k. Other: \$ 0

\$ 0

\$ 0

10. OTHER FEDERAL FUNDS (SUBTOTAL of all Funds under item 9)

\$ 234,644

11. STATE MCH BUDGET TOTAL

(Partnership subtotal + Other Federal MCH Funds subtotal)

\$ 500,644

FORM NOTES FOR FORM 2
None
FIELD LEVEL NOTES
None

FORM 3
STATE MCH FUNDING PROFILE

[Secs. 505(a) and 506(a)(1-3)]

STATE: PW

	FY 2005		FY 2006		FY 2007	
	BUDGETED	EXPENDED	BUDGETED	EXPENDED	BUDGETED	EXPENDED
1. Federal Allocation (Line1, Form 2)	\$ 162,320	\$ 162,320	\$ 167,999	\$ 158,212	\$ 159,000	\$ 151,665
2. Unobligated Balance (Line2, Form 2)	\$ 2,081	\$ 2,081	\$ 4,618	\$ 8,374	\$ 0	\$ 0
3. State Funds (Line3, Form 2)	\$ 199,510	\$ 199,510	\$ 133,565	\$ 133,565	\$ 0	\$ 0
4. Local MCH Funds (Line4, Form 2)	\$ 0	\$ 0	\$ 0	\$ 0	\$ 120,000	\$ 113,749
5. Other Funds (Line5, Form 2)	\$ 0	\$ 0	\$ 85,517	\$ 85,517	\$ 0	\$ 0
6. Program Income (Line6, Form 2)	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
7. Subtotal (Line8, Form 2)	\$ 363,911	\$ 363,911	\$ 391,699	\$ 385,668	\$ 279,000	\$ 265,414
(THE FEDERAL-STATE TITLE BLOCK GRANT PARTNERSHIP)						
8. Other Federal Funds (Line10, Form 2)	\$ 298,000	\$ 298,000	\$ 295,962	\$ 0	\$ 358,000	\$ 323,754
9. Total (Line11, Form 2)	\$ 661,911	\$ 661,911	\$ 687,661	\$ 385,668	\$ 637,000	\$ 589,168
(STATE MCH BUDGET TOTAL)						

FORM 3
STATE MCH FUNDING PROFILE

[Secs. 505(a) and 506(a)(1-3)]

STATE: PW

	FY 2008		FY 2009		FY 2010	
	BUDGETED	EXPENDED	BUDGETED	EXPENDED	BUDGETED	EXPENDED
1. Federal Allocation <i>(Line1, Form 2)</i>	\$ 152,000	\$ 150,995	\$ 151,665		\$ 152,000	
2. Unobligated Balance <i>(Line2, Form 2)</i>	\$ 0	\$ 671	\$ 0		\$ 0	
3. State Funds <i>(Line3, Form 2)</i>	\$ 0	\$ 0	\$ 113,749		\$ 0	
4. Local MCH Funds <i>(Line4, Form 2)</i>	\$ 114,000	\$ 114,000	\$ 0		\$ 114,000	
5. Other Funds <i>(Line5, Form 2)</i>	\$ 0	\$ 0	\$ 0		\$ 0	
6. Program Income <i>(Line6, Form 2)</i>	\$ 0	\$ 0	\$ 0		\$ 0	
7. Subtotal <i>(Line8, Form 2)</i>	\$ 266,000	\$ 265,666	\$ 265,414	\$ 0	\$ 266,000	\$ 0
(THE FEDERAL-STATE TITLE BLOCK GRANT PARTNERSHIP)						
8. Other Federal Funds <i>(Line10, Form 2)</i>	\$ 234,644	\$ 234,644	\$ 360,000		\$ 234,644	
9. Total <i>(Line11, Form 2)</i>	\$ 500,644	\$ 500,310	\$ 625,414	\$ 0	\$ 500,644	\$ 0
(STATE MCH BUDGET TOTAL)						

FORM NOTES FOR FORM 3

None

FIELD LEVEL NOTES

1. **Section Number:** Form3_Main
Field Name: UnobligatedBalanceExpended
Row Name: Unobligated Balance
Column Name: Expended
Year: 2008
Field Note:
Total amount of funds awarded is less than what was budgeted.

FORM 4

BUDGET DETAILS BY TYPES OF INDIVIDUALS SERVED (I) AND SOURCES OF OTHER FEDERAL FUNDS (II)

[Secs 506(2)(2)(iv)]

STATE: PW

	FY 2005		FY 2006		FY 2007	
	BUDGETED	EXPENDED	BUDGETED	EXPENDED	BUDGETED	EXPENDED
I. Federal-State MCH Block Grant Partnership						
a. Pregnant Women	\$ 79,380	\$ 79,380	\$ 87,318	\$ 87,318	\$ 65,000	\$ 58,500
b. Infants < 1 year old	\$ 61,827	\$ 61,827	\$ 68,100	\$ 68,100	\$ 51,000	\$ 46,000
c. Children 1 to 22 years old	\$ 90,434	\$ 90,434	\$ 99,478	\$ 99,478	\$ 50,000	\$ 52,000
d. Children with Special Healthcare Needs	\$ 63,913	\$ 63,913	\$ 70,304	\$ 70,304	\$ 65,000	\$ 63,000
e. Others	\$ 42,690	\$ 42,690	\$ 46,959	\$ 42,882	\$ 33,000	\$ 30,000
f. Administration	\$ 25,667	\$ 25,667	\$ 19,540	\$ 17,586	\$ 15,000	\$ 15,914
g. SUBTOTAL	\$ 363,911	\$ 363,911	\$ 391,699	\$ 385,668	\$ 279,000	\$ 265,414
II. Other Federal Funds (under the control of the person responsible for administration of the Title V program).						
a. SPRANS	\$ 0		\$ 100,000		\$ 0	
b. SSDI	\$ 100,000		\$ 93,000		\$ 93,000	
c. CISS	\$ 0		\$ 0		\$ 140,000	
d. Abstinence Education	\$ 0		\$ 0		\$ 0	
e. Healthy Start	\$ 0		\$ 0		\$ 0	
f. EMSC	\$ 0		\$ 0		\$ 0	
g. WIC	\$ 0		\$ 0		\$ 0	
h. AIDS	\$ 0		\$ 0		\$ 0	
i. CDC	\$ 0		\$ 0		\$ 0	
j. Education	\$ 0		\$ 0		\$ 0	
k. Other						
UNHSI	\$ 0		\$ 0		\$ 125,000	
Family Planning	\$ 98,000		\$ 102,962		\$ 0	
ECCS	\$ 100,000		\$ 0		\$ 0	
III. SUBTOTAL	\$ 298,000		\$ 295,962		\$ 358,000	

FORM 4

BUDGET DETAILS BY TYPES OF INDIVIDUALS SERVED (I) AND SOURCES OF OTHER FEDERAL FUNDS (II)

[Secs 506(2)(2)(iv)]

STATE: PW

	FY 2008		FY 2009		FY 2010	
	BUDGETED	EXPENDED	BUDGETED	EXPENDED	BUDGETED	EXPENDED
I. Federal-State MCH Block Grant Partnership						
a. Pregnant Women	\$ 58,520	\$ 58,437	\$ 50,000		\$ 58,520	
b. Infants < 1 year old	\$ 45,220	\$ 45,137	\$ 50,000		\$ 45,220	
c. Children 1 to 22 years old	\$ 98,800	\$ 98,716	\$ 70,833		\$ 98,800	
d. Children with Special Healthcare Needs	\$ 45,600	\$ 45,600	\$ 70,832		\$ 45,600	
e. Others	\$ 10,260	\$ 10,176	\$ 13,749		\$ 10,260	
f. Administration	\$ 7,600	\$ 7,600	\$ 10,000		\$ 7,600	
g. SUBTOTAL	\$ 266,000	\$ 265,666	\$ 265,414	\$ 0	\$ 266,000	\$ 0
II. Other Federal Funds (under the control of the person responsible for administration of the Title V program).						
a. SPRANS	\$ 0		\$ 0		\$ 0	
b. SSDI	\$ 94,644		\$ 95,000		\$ 94,644	
c. CISS	\$ 140,000		\$ 140,000		\$ 140,000	
d. Abstinence Education	\$ 0		\$ 0		\$ 0	
e. Healthy Start	\$ 0		\$ 0		\$ 0	
f. EMSC	\$ 0		\$ 0		\$ 0	
g. WIC	\$ 0		\$ 0		\$ 0	
h. AIDS	\$ 0		\$ 0		\$ 0	
i. CDC	\$ 0		\$ 0		\$ 0	
j. Education	\$ 0		\$ 0		\$ 0	
k. Other						
UNHSI	\$ 0		\$ 125,000		\$ 0	
III. SUBTOTAL	\$ 234,644		\$ 360,000		\$ 234,644	

FORM NOTES FOR FORM 4

None

FIELD LEVEL NOTES

1. **Section Number:** Form4_I. Federal-State MCH Block Grant Partnership
Field Name: PregWomenBudgeted
Row Name: Pregnant Women
Column Name: Budgeted
Year: 2008
Field Note:
Projections based on prior year budget.
2. **Section Number:** Form4_I. Federal-State MCH Block Grant Partnership
Field Name: Children_0_1Budgeted
Row Name: Infants <1 year old
Column Name: Budgeted
Year: 2008
Field Note:
Projections based on prior year budget.
3. **Section Number:** Form4_I. Federal-State MCH Block Grant Partnership
Field Name: Children_1_22Budgeted
Row Name: Children 1 to 22 years old
Column Name: Budgeted
Year: 2008
Field Note:
Projections based on prior year budget.
4. **Section Number:** Form4_I. Federal-State MCH Block Grant Partnership
Field Name: CSHCNBudgeted
Row Name: CSHCN
Column Name: Budgeted
Year: 2008
Field Note:
Projections based on prior year budget.
5. **Section Number:** Form4_I. Federal-State MCH Block Grant Partnership
Field Name: AllOthersBudgeted
Row Name: All Others
Column Name: Budgeted
Year: 2008
Field Note:
Projections based on prior year budget.
6. **Section Number:** Form4_I. Federal-State MCH Block Grant Partnership
Field Name: AdminBudgeted
Row Name: Administration
Column Name: Budgeted
Year: 2008
Field Note:
Projections based on prior year budget.

FORM 5
STATE TITLE V PROGRAM BUDGET AND EXPENDITURES BY TYPES OF SERVICES

[Secs. 505(a)(2)(A-B) and 506(a)(1)(A-D)]

STATE: PW

TYPE OF SERVICE	FY 2005		FY 2006		FY 2007	
	BUDGETED	EXPENDED	BUDGETED	EXPENDED	BUDGETED	EXPENDED
I. Direct Health Care Services (Basic Health Services and Health Services for CSHCN.)	\$ 99,781	\$ 99,781	\$ 78,339	\$ 77,134	\$ 55,800	\$ 53,000
II. Enabling Services (Transportation, Translation, Outreach, Respite Care, Health Education, Family Support Services, Purchase of Health Insurance, Case Management, and Coordination with Medicaid, WIC, and Education.)	\$ 96,232	\$ 96,232	\$ 97,925	\$ 96,417	\$ 55,800	\$ 52,000
III. Population-Based Services (Newborn Screening, Lead Screening, Immunization, Sudden Infant Death Syndrome Counseling, Oral Health, Injury Prevention, Nutrition, and Outreach/Public Education.)	\$ 89,923	\$ 89,923	\$ 97,925	\$ 96,417	\$ 75,000	\$ 70,000
IV. Infrastructure Building Services (Needs Assessment, Evaluation, Planning, Policy Development, Coordination, Quality Assurance, Standards Development, Monitoring, Training, Applied Research, Systems of Care, and Information Systems.)	\$ 77,975	\$ 77,975	\$ 117,510	\$ 115,700	\$ 92,400	\$ 90,414
V. Federal-State Title V Block Grant Partnership Total (Federal-State Partnership only. Item 15g of SF 42r. For the "Budget" columns this is the same figure that appears in Line 8, Form 2, and in the "Budgeted" columns of Line 7 Form 3. For the "Expended" columns this is the same figure that appears in the "Expended" columns of Line 7, Form 3.)	\$ 363,911	\$ 363,911	\$ 391,699	\$ 385,668	\$ 279,000	\$ 265,414

FORM 5
STATE TITLE V PROGRAM BUDGET AND EXPENDITURES BY TYPES OF SERVICES

[Secs. 505(a)(2)(A-B) and 506(a)(1)(A-D)]

STATE: PW

TYPE OF SERVICE	FY 2008		FY 2009		FY 2010	
	BUDGETED	EXPENDED	BUDGETED	EXPENDED	BUDGETED	EXPENDED
I. Direct Health Care Services (Basic Health Services and Health Services for CSHCN.)	\$ 54,874	\$ 54,791	\$ 53,000		\$ 54,874	
II. Enabling Services (Transportation, Translation, Outreach, Respite Care, Health Education, Family Support Services, Purchase of Health Insurance, Case Management, and Coordination with Medicaid, WIC, and Education.)	\$ 68,594	\$ 68,510	\$ 52,000		\$ 68,594	
III. Population-Based Services (Newborn Screening, Lead Screening, Immunization, Sudden Infant Death Syndrome Counseling, Oral Health, Injury Prevention, Nutrition, and Outreach/Public Education.)	\$ 68,594	\$ 68,511	\$ 70,000		\$ 68,594	
IV. Infrastructure Building Services (Needs Assessment, Evaluation, Planning, Policy Development, Coordination, Quality Assurance, Standards Development, Monitoring, Training, Applied Research, Systems of Care, and Information Systems.)	\$ 73,938	\$ 73,854	\$ 90,414		\$ 73,938	
V. Federal-State Title V Block Grant Partnership Total (Federal-State Partnership only. Item 15g of SF 42r. For the "Budget" columns this is the same figure that appears in Line 8, Form 2, and in the "Budgeted" columns of Line 7 Form 3. For the "Expended" columns this is the same figure that appears in the "Expended" columns of Line 7, Form 3.)	\$ 266,000	\$ 265,666	\$ 265,414	\$ 0	\$ 266,000	\$ 0

FORM NOTES FOR FORM 5

None

FIELD LEVEL NOTES

1. **Section Number:** Form5_Main
Field Name: DirectHCBudgeted
Row Name: Direct Health Care Services
Column Name: Budgeted
Year: 2008
Field Note:
Projection based on prior year budget.
2. **Section Number:** Form5_Main
Field Name: EnablingBudgeted
Row Name: Enabling Services
Column Name: Budgeted
Year: 2008
Field Note:
Projection based on prior year budget.
3. **Section Number:** Form5_Main
Field Name: PopBasedBudgeted
Row Name: Population-Based Services
Column Name: Budgeted
Year: 2008
Field Note:
Projection based on prior year budget.
4. **Section Number:** Form5_Main
Field Name: InfrastrBuildBudgeted
Row Name: Infrastructure Building Services
Column Name: Budgeted
Year: 2008
Field Note:
Projection based on prior year budget.

FORM 6

NUMBER AND PERCENTAGE OF NEWBORNS AND OTHERS SCREENED, CASES CONFIRMED, AND TREATED

Sect. 506(a)(2)(B)(iii)

STATE: PW

Total Births by Occurrence: 295

Reporting Year: 2008

Type of Screening Tests	(A) Receiving at least one Screen (1)		(B) No. of Presumptive Positive Screens	(C) No. Confirmed Cases (2)	(D) Needing Treatment that Received Treatment (3)	
	No.	%			No.	%
Phenylketonuria	112	38	0	0	0	
Congenital Hypothyroidism	112	38	0	0	0	
Galactosemia	112	38	0	0	0	
Sickle Cell Disease	112	38	0	0	0	

Other Screening (Specify)

G6PD	112	38	0	0	0	
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Screening Programs for Older Children & Women (Specify Tests by name)

Depression Screening for Pregnant Women	231		10	3	3	100
BMI Screening for school children	1,307		466	264	264	100
Vision Screening for school children	1,112		152	17	17	100
Hearing Screening for school children	1,024		183	16	16	100
Bullying screening for school children	1,302		428	239	239	100
Hypertension screening for school children	1,307		101	45	45	100
Dental Screening for School Children	1,058		507	377	377	100
Post-Partum Depression Screening	0		0	0	0	

(1) Use occurrent births as denominator.

(2) Report only those from resident births.

(3) Use number of confirmed cases as denominator.

FORM NOTES FOR FORM 6

None

FIELD LEVEL NOTES

1. **Section Number:** Form6_Main
Field Name: Phenylketonuria_Confirmed
Row Name: Phenylketonuria
Column Name: Confirmed Cases
Year: 2010
Field Note:
//2009// - In 2008, there were no confirmed cases in any of the 5 congenital genetic disorder that Palau is currently screening for.//2010//
2. **Section Number:** Form6_Main
Field Name: Congenital_Confirmed
Row Name: Congenital
Column Name: Confirmed Cases
Year: 2010
Field Note:
/2009/ - In 2008, no confirmed case was identified.//2010//
3. **Section Number:** Form6_Main
Field Name: Galactosemia_Confirmed
Row Name: Galactosemia
Column Name: Confirmed Cases
Year: 2010
Field Note:
2009/ - In 2008, no confirmed case was identified.//2010//
4. **Section Number:** Form6_Main
Field Name: SickleCellDisease_Confirmed
Row Name: SickleCellDisease
Column Name: Confirmed Cases
Year: 2010
Field Note:
/2009/ - In 2008, no confirmed case was identified.//2010//
5. **Section Number:** Form6_Other Screening Types
Field Name: Other
Row Name: All Rows
Column Name: All Columns
Year: 2010
Field Note:
/2009/ - Postpartum screening was implemented as a continuum of care screening for depression in women from pregnancy to birth. Data are not available now for report, however, we will be able to report on this in 2010. ATOD, & Psychosocial screening for children are part of the school-based health screening. This year we have established a referral and intervention tracking system that will enable us to report on other components of the continuum of care for identified referrals. For Psychosocial presumptive positive data, we used 2007 YRBS prevalence information to project for data reported in this document. With the development of tracking systems, information will be available next year. Hypertension screening for school children include screening urine for occult blood, glucose and protein. This is part of our effort to improve factors that can lead to kidney and renal diseases that are leading causes of hemodialysis utilization in our healthcare system, which is the costliest part of the health care cost. //2010//
6. **Section Number:** Form6_Screening Programs for Older Children and Women
Field Name: OtherWomen
Row Name: All Rows
Column Name: All Columns
Year: 2010
Field Note:
/2009/ In 2008 post partum depression screening was implemented as a second stage of screening for depression of women, from pregnancy to post pregnancy. Data on presumptive and confirmed cases are not available electronically and therefore we are not able to report on them. Psycho-social screening for children has been part of the school-based health screening. However, development of tracking for referrals has just been implemented. Data on this activity should be available for report in 2010. Along with hypertension screening is a urine dipstick screening for glucose, protein and occult blood. This is part of our intensive work to reduce risk factors for adult onset obesity, hypertension and diabetes as a way to ward off long-term health risk factors that increases costs of health care such as hemodialysis and off-island tertiary medical care.//2010//

FORM 7
NUMBER OF INDIVIDUALS SERVED (UNDUPLICATED) UNDER TITLE V
(BY CLASS OF INDIVIDUALS AND PERCENT OF HEALTH COVERAGE)

[Sec. 506(a)(2)(A)(i-ii)]

STATE: PW

Reporting Year: 2008

Types of Individuals Served	TITLE V	PRIMARY SOURCES OF COVERAGE				
	(A) Total Served	(B) Title XIX %	(C) Title XXI %	(D) Private/Other %	(E) None %	(F) Unknown %
Pregnant Women	465	0.0	0.0	0.0	100.0	0.0
Infants < 1 year old	295	0.0	0.0	0.0	100.0	0.0
Children 1 to 22 years old	3,303	0.0	0.0	0.0	100.0	0.0
Children with Special Healthcare Needs	348	0.0	0.0	0.0	100.0	0.0
Others	4,917	0.0	0.0	0.0	85.0	15.0
TOTAL	9,328					

FORM NOTES FOR FORM 7

None

FIELD LEVEL NOTES

1. **Section Number:** Form7_Main

Field Name: AllOthers_None

Row Name: Others

Column Name: None %

Year: 2010

Field Note:

/2009/ - In 2008, 85% of our service users were uninsured and fall below 100% poverty guidelines. Based on 2007 Client survey, about 15% of our service users are privately insured. These users usually access our reproductive services such as family planning contraceptives //2010//

FORM 8
DELIVERIES AND INFANTS SERVED BY TITLE V AND ENTITLED TO BENEFITS UNDER TITLE
XIX
(BY RACE AND ETHNICITY)
[SEC. 506(A)(2)(C-D)]
STATE: PW

Reporting Year: 2008

I. UNDUPLICATED COUNT BY RACE

	(A) Total All Races	(B) White	(C) Black or African American	(D) American Indian or Native Alaskan	(E) Asian	(F) Native Hawaiian or Other Pacific Islander	(G) More than one race reported	(H) Other and Unknown
DELIVERIES								
Total Deliveries in State	296	2	0	1	47	246	0	0
Title V Served	296	2	0	1	47	246	0	0
Eligible for Title XIX	296	2	0	1	47	246	0	0
INFANTS								
Total Infants in State	295	2	0	1	47	245	0	0
Title V Served	295	2	0	1	47	245	0	0
Eligible for Title XIX	295	2	0	1	47	245	0	0

II. UNDUPLICATED COUNT BY ETHNICITY

HISPANIC OR LATINO (Sub-categories by country or area of origin)								
	(A) Total NOT Hispanic or Latino	(B) Total Hispanic or Latino	(C) Ethnicity Not Reported	(B.1) Mexican	(B.2) Cuban	(B.3) Puerto Rican	(B.4) Central and South American	(B.5) Other and Unknown
DELIVERIES								
Total Deliveries in State	296	0	0	0	0	0	0	0
Title V Served	296	0	0	0	0	0	0	0
Eligible for Title XIX	296	0	0	0	0	0	0	0
INFANTS								
Total Infants in State	295	0	0	0	0	0	0	0
Title V Served	295	0	0	0	0	0	0	0
Eligible for Title XIX	295	0	0	0	0	0	0	0

FORM NOTES FOR FORM 8

None

FIELD LEVEL NOTES

1. **Section Number:** Form8_I. Unduplicated Count By Race
Field Name: DeliveriesTitleXIX_All
Row Name: Eligible for Title XIX
Column Name: Total All Races
Year: 2010
Field Note:
/2009/ Title XIX is not available for Palau.//2010//
2. **Section Number:** Form8_I. Unduplicated Count By Race
Field Name: InfantsTitleXIX_All
Row Name: Eligible for Title XIX
Column Name: Total All Races
Year: 2010
Field Note:
/2009/ Title XIX is not a service available in Palau.//2010//
3. **Section Number:** Form8_II. Unduplicated Count by Ethnicity
Field Name: DeliveriesTitleXIX_TotalNotHispanic
Row Name: Eligible for Title XIX
Column Name: Total Not Hispanic or Latino
Year: 2010
Field Note:
/2009/ Title XIX is not a service available in Palau.//2010//

FORM 9
STATE MCH TOLL-FREE TELEPHONE LINE DATA FORM
[SECS. 505(A)(E) AND 509(A)(8)]
STATE: PW

	FY 2010	FY 2009	FY 2008	FY 2007	FY 2006
1. State MCH Toll-Free "Hotline" Telephone Number	(680) 488-1756	(680) 488-1756	(680) 488-1756	(680) 488-1756	(680) 488-1756
2. State MCH Toll-Free "Hotline" Name	Family Health Unit Hotline	Family Health Unit Hotline	MCH/FP Hotline	MCH/FP Hotline	MCH/FP Hotline
3. Name of Contact Person for State MCH "Hotline"	Rosemina Mechol	Rosemina Mechol	Joaquina Ulengchong	Joaquina Ulengchong	Joaquina Ulengchong
4. Contact Person's Telephone Number	(680) 488-2172	(680) 488-2172	(680) 488-24-20	o (680) 488-	(680) 488-2420
5. Contact Person's Email	r_mechol@palau-health.r				
6. Number of calls received on the State MCH "Hotline" this reporting period	0	0	2,450	2,450	2,400

FORM 9
STATE MCH TOLL-FREE TELEPHONE LINE DATA FORM (OPTIONAL)
[SECS. 505(A)(E) AND 509(A)(8)]
STATE: PW

	FY 2010	FY 2009	FY 2008	FY 2007	FY 2006
1. State MCH Toll-Free "Hotline" Telephone Number					
2. State MCH Toll-Free "Hotline" Name					
3. Name of Contact Person for State MCH "Hotline"					
4. Contact Person's Telephone Number					
5. Contact Person's Email					
6. Number of calls received on the State MCH "Hotline" this reporting period	0	0	0	0	0

FORM NOTES FOR FORM 9

None

FIELD LEVEL NOTES

1. **Section Number:** Form9_Main

Field Name: calls_2

Row Name: Number of calls received On the State MCH Hotline This reporting period

Column Name: FY

Year: 2008

Field Note:

/2009/ - This # is a projection based on 2007 figure. We are yet unable to obtain true numbers as the technology presence in our clinic is not yet able to capture these information.//2010//

FORM 10
TITLE V MATERNAL & CHILD HEALTH SERVICES BLOCK GRANT
STATE PROFILE FOR FY 2010
[SEC. 506(A)(1)]
STATE: PW

1. State MCH Administration:
(max 2500 characters)

/2009/ - Palau is not requesting administrative cost for MCH Program. Administrative support costs comes from other sources such as local support or other bi-lateral funding streams.

Block Grant Funds

2. Federal Allocation (Line 1, Form 2)	\$ 152,000
3. Unobligated balance (Line 2, Form 2)	\$ 0
4. State Funds (Line 3, Form 2)	\$ 0
5. Local MCH Funds (Line 4, Form 2)	\$ 114,000
6. Other Funds (Line 5, Form 2)	\$ 0
7. Program Income (Line 6, Form 2)	\$ 0
8. Total Federal-State Partnership (Line 8, Form 2)	\$ 266,000

9. Most significant providers receiving MCH funds:

Statistician

Nurse Practitioner

10. Individuals served by the Title V Program (Col. A, Form 7)

a. Pregnant Women	465
b. Infants < 1 year old	295
c. Children 1 to 22 years old	3,303
d. CSHCN	348
e. Others	4,917

11. Statewide Initiatives and Partnerships:

a. Direct Medical Care and Enabling Services:
(max 2500 characters)

These are clinic and from time to time, direct medical care costs for children with special health care needs.

b. Population-Based Services:
(max 2500 characters)

Clinical screenings for children, pregnant women, women and men of reproductive age groups.

c. Infrastructure Building Services:
(max 2500 characters)

These are data systems development to capture and report information for the funding agencies, protocols and policies for services, legislative changes initiatives for MCH population at the local level

12. The primary Title V Program contact person:

Name	Sherlynn Madraisau
Title	MCH & Adolescent Health Coord.
Address	P.O. Box 6027
City	Koror
State	Palau
Zip	96940
Phone	(680) 488-4575
Fax	(680) 488-8135
Email	shermadraisau@gmail.com
Web	www.palau-health.net

13. The children with special health care needs (CSHCN) contact person:

Name	Yuriko Bechesrrak
Title	Pediatrician
Address	P.O. Box 6027
City	Koror
State	Palau
Zip	96940
Phone	(680) 488-2552
Fax	(680) 488-8135
Email	y_bechesrrak@palau-health.net
Web	www.palau-health.net

FORM NOTES FOR FORM 10

None

FIELD LEVEL NOTES

None

FORM 11
TRACKING PERFORMANCE MEASURES
[SECS 485 (2)(2)(B)(iii) AND 486 (A)(2)(A)(iii)]
STATE: PW

Form Level Notes for Form 11

None

PERFORMANCE MEASURE # 01

The percent of screen positive newborns who received timely follow up to definitive diagnosis and clinical management for condition(s) mandated by their State-sponsored newborn screening programs.

Annual Objective and Performance Data					
	2004	2005	2006	2007	2008
Annual Performance Objective	100	90	92	95	97
Annual Indicator	88.8	0.0			
Numerator	230	0			
Denominator	259	317			
Data Source					Newborn Screening Database
Check this box if you cannot report the numerator because					
1. There are fewer than 5 events over the last year, and					
2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.			Yes	Yes	Yes
(Explain data in a year note. See Guidance, Appendix IX.)					
Is the Data Provisional or Final?				Final	Final

Annual Objective and Performance Data					
	2009	2010	2011	2012	2013
Annual Performance Objective	99	99	99	99	100
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

Field Level Notes

- Section Number:** Form11_Performance Measure #1
Field Name: PM01
Row Name:
Column Name:
Year: 2008
Field Note:
/2010/ - For 2008, the number of newborn screened were 134 out of 176 births. We began our screening in June 2008 and therefore, the analysis only reflect this time period. For this period, we did not find a child to be positive for any of the conditions we screened. Since this was our first time in this screening, we identified problems in blood spot collection that we needed to address as a great percentage of tests were required redoing. We have conducted blood spot collection for our nurses. A long term strategy that Palau is undertaking is hiring of the newborn technicians. These technicians will be responsible for blood spot and hearing screening for newborns. We therefore, foresee many issues in this process being corrected in the next year./2010//
- Section Number:** Form11_Performance Measure #1
Field Name: PM01
Row Name:
Column Name:
Year: 2007
Field Note:
/2010/ - Palau did not begin its newborn genetic program until June 2008. Therefore, we do not have data to report for 2007./2010//
- Section Number:** Form11_Performance Measure #1
Field Name: PM01
Row Name:
Column Name:
Year: 2006
Field Note:
Palau has not started with actual genetic screening.

An agreement has been signed between the Family Health Unit/MCH and the University of the Philippines Genetic Screening Program for the latter to do the genetic screening. In this agreement, specimens will be sent to the University by FHU/MCH. However, we are just waiting for the compliance with the shipment/cargo policies to start the genetic screening.

PERFORMANCE MEASURE # 02

The percent of children with special health care needs age 0 to 18 years whose families partner in decision making at all levels and are satisfied with the services they receive. (CSHCN survey)

Annual Objective and Performance Data					
	2004	2005	2006	2007	2008
Annual Performance Objective	55	73	75	78	81
Annual Indicator	72.8	72.8	90.3	90.3	90.3
Numerator	219	219	65	65	65
Denominator	301	301	72	72	72
Data Source					SLAITS-like Survey, 2007
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied. <i>(Explain data in a year note. See Guidance, Appendix IX.)</i>					
Is the Data Provisional or Final?				Provisional	Provisional

Annual Objective and Performance Data					
	2009	2010	2011	2012	2013
Annual Performance Objective	92	92	93	94	95
Annual Indicator					
Numerator	Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.				
Denominator					

Field Level Notes**1. Section Number:** Form11_Performance Measure #2**Field Name:** PM02**Row Name:****Column Name:****Year:** 2008**Field Note:**

/2009/ - In 2008, we are using data from 2007 as our survey for 2009 has not been completed. We were suppose to conduct it March, however, due to many procedural changes with the new Palau Government Administration, the paper works were returned and we have to begin the process again. We will have the information for the 2010 Needs Assessment.

2. Section Number: Form11_Performance Measure #2**Field Name:** PM02**Row Name:****Column Name:****Year:** 2007**Field Note:**

//2008// We use data reported in 2006 to populate this table. The survey is conducted every two years. The Children with Special Health Care Needs Survey in 2007 showed that 90.2% (65/72) of primary care givers (family members) expressed that the doctors and other health care service providers have "always" and "some of the time" addressed issues and concerns of their children. This is the overall average of the seven items that were asked from the family members to measure their satisfaction with the care given to them. All the items had scores greater than 80%. There is great improvement in the satisfaction compared with last year's 72% average percentage of their satisfaction.

3. Section Number: Form11_Performance Measure #2**Field Name:** PM02**Row Name:****Column Name:****Year:** 2006**Field Note:**

The Children with Special Health Care Needs Survey in 2007 showed that 90.2% (65/72) of primary care givers (family members) expressed that the doctors and other health care service providers have "always" and "some of the time" addressed issues and concerns of their children. This is the overall average of the seven items that were asked from the family members to measure their satisfaction with the care given to them. All the items had scores greater than 80%. There is great improvement in the satisfaction compared with last year's 72% average percentage of their satisfaction.

PERFORMANCE MEASURE # 03

The percent of children with special health care needs age 0 to 18 who receive coordinated, ongoing, comprehensive care within a medical home. (CSHCN Survey)

<u>Annual Objective and Performance Data</u>					
	2004	2005	2006	2007	2008
Annual Performance Objective	55	33	35	37	40
Annual Indicator	30.9	30.9	57.7	57.7	57.7
Numerator	93	93	41	41	41
Denominator	301	301	71	71	71
Data Source					SLAITS-like Survey, 2007
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied. (Explain data in a year note. See Guidance, Appendix IX.)					
Is the Data Provisional or Final?				Provisional	Provisional

<u>Annual Objective and Performance Data</u>					
	2009	2010	2011	2012	2013
Annual Performance Objective	60	62	65	68	70
Annual Indicator					
Numerator	Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.				
Denominator					

Field Level Notes

1. **Section Number:** Form11_Performance Measure #3

Field Name: PM03

Row Name:

Column Name:

Year: 2008

Field Note:

/2009/ - In May 2009 a training on counseling skills was provided to all public health social workers and counselors. This training provided skill building sessions that focuses on provider client relationship and communication. Another training on case management and care coordination will take place this year in November. This training will provide skill building sessions for service providers in working with CSN clients and their families//2010//

2. **Section Number:** Form11_Performance Measure #3

Field Name: PM03

Row Name:

Column Name:

Year: 2006

Field Note:

In terms of coordination, 57.8% (average proportion of the four items under the item of coordination) of the family members of children with special health care needs expressed a score of 4 and 5 (in a scale of 5; with 1=poor and 5=excellent). This is the proportion of family members who were satisfied in terms of coordination and comprehensiveness of care. There were four (4) domains to measure this particular question. The overall rating of the coordination (4a) received the low score (50%) and doctor's communication with other health care providers (4c) received the highest (66.7%) agreement of receiving coordinated care. This year's average score is higher (57.8%) than in 2006.

PERFORMANCE MEASURE # 04

The percent of children with special health care needs age 0 to 18 whose families have adequate private and/or public insurance to pay for the services they need. (CSHCN Survey)

Annual Objective and Performance Data					
	2004	2005	2006	2007	2008
Annual Performance Objective	100	15	17	20	11
Annual Indicator	13.0	13.0	10.6	10.6	10.6
Numerator	39	39	11	11	11
Denominator	301	301	104	104	104
Data Source					SLAITS-like Survey, 2007
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied. (Explain data in a year note. See Guidance, Appendix IX.)					
Is the Data Provisional or Final?				Final	Provisional

Annual Objective and Performance Data					
	2009	2010	2011	2012	2013
Annual Performance Objective	12	14	16	18	20
Annual Indicator					
Numerator	Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.				
Denominator					

Field Level Notes**1. Section Number:** Form11_Performance Measure #4**Field Name:** PM04**Row Name:****Column Name:****Year:** 2008**Field Note:**

//2009/ - This indicator as reported last year was also very low. We expected it to be low as health care services for children with special needs are heavily subsidized by the government of Palau. //2010//

2. Section Number: Form11_Performance Measure #4**Field Name:** PM04**Row Name:****Column Name:****Year:** 2007**Field Note:**

//2008// - Of the families who took part in the Children with Special Health Care Needs Survey (n=104), 11 (10.6%) of them claimed to have insurance. In this insurance, 91% expressed that they are able to buy medicines with it.

While there is only a small proportion of families covered with private insurance, in Palau primary health care is a fundamental right. MCH services are for free particularly among those children identified as having special health care needs. At average, the families would have an annual income of US\$14,900 (CHSN Survey, 2007). A little over than half (59.6%) have more than one income earner per household. This gives also assurance that the family can supplement the necessary health needs of their child.

3. Section Number: Form11_Performance Measure #4**Field Name:** PM04**Row Name:****Column Name:****Year:** 2006**Field Note:**

Of the families who took part in the Children with Special Health Care Needs Survey (n=104), 11 (10.6%) of them claimed to have insurance. In this insurance, 91% expressed that they are able to buy medicines with it.

While there is only a small proportion of families covered with private insurance, in Palau primary health care is a fundamental right. MCH services are for free particularly among those children identified as having special health care needs. At average, the families would have an annual income of US\$14,900 (CHSN Survey, 2007). A little over than half (59.6%) have more than one income earner per household. This gives also assurance that the family can supplement the necessary health needs of their child.

PERFORMANCE MEASURE # 05

Percent of children with special health care needs age 0 to 18 whose families report the community-based service systems are organized so they can use them easily. (CSHCN Survey)

	Annual Objective and Performance Data				
	2004	2005	2006	2007	2008
Annual Performance Objective	55	36	38	40	60
Annual Indicator	34.9	34.9	57.7	57.7	57.7
Numerator	105	105	41	41	41
Denominator	301	301	71	71	71
Data Source					SLAITS-like Survey, 2007
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied. <i>(Explain data in a year note. See Guidance, Appendix IX.)</i>					
Is the Data Provisional or Final?				Final	Provisional

	Annual Objective and Performance Data				
	2009	2010	2011	2012	2013
Annual Performance Objective	62	64	67	69	69
Annual Indicator					
Numerator	Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.				
Denominator					

Field Level Notes**1. Section Number:** Form11_Performance Measure #5**Field Name:** PM05**Row Name:****Column Name:****Year:** 2008**Field Note:**

//2009/ - As reported in performance measure 3, when we conducted the trainings in 2007 and 2008, we opened them to our collaborative partners. This is to strengthen collaboration so that services can be streamlined and practices improved at different sites. Staff attended training in Guam on "Wrap Around System of Care" and Medical Home for CSN and high risk adolescents. In Palau community-based system of care for CSHCN are more or less government supported. There are no NGO's supported CSHCN community-based services. Therefore, collaboration on capacity building and coordination of services are key service models that we utilize in order to expand community-based intervention.//2010//

2. Section Number: Form11_Performance Measure #5**Field Name:** PM05**Row Name:****Column Name:****Year:** 2007**Field Note:**

//2008/ - This section also reflects the same items under the care coordination. 57.7% of the families expressed that the services are coordinated in a way that helps their children access these services, and again, since this survey is conducted every 2 years, we use last years' data to prepopulate this table.

3. Section Number: Form11_Performance Measure #5**Field Name:** PM05**Row Name:****Column Name:****Year:** 2006**Field Note:**

This section also reflects the same items under the care coordination. 57.7% of the families expressed that the services are coordinated in a way that helps their children access these services.

PERFORMANCE MEASURE # 06

The percentage of youth with special health care needs who received the services necessary to make transitions to all aspects of adult life, including adult health care, work, and independence.

Annual Objective and Performance Data					
	2004	2005	2006	2007	2008
Annual Performance Objective		32	34	36	78
Annual Indicator	29.9	29.9	76.7	76.7	76.7
Numerator	90	90	56	56	56
Denominator	301	301	73	73	73
Data Source					SLAITS-like Survey, 2007
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied. (Explain data in a year note. See Guidance, Appendix IX.)					
Is the Data Provisional or Final?				Final	Provisional

Annual Objective and Performance Data					
	2009	2010	2011	2012	2013
Annual Performance Objective	80	82	84	85	85
Annual Indicator					
Numerator	Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.				
Denominator					

Field Level Notes**1. Section Number:** Form11_Performance Measure #6**Field Name:** PM06**Row Name:****Column Name:****Year:** 2008**Field Note:**

//2009/ - As reported in the previous years, this was a good performing care component. However, in re-assessing the information, the component of this care which was low was in the area of identified health care provider for the child. The access to care and availability of care was at 97% but previously mentioned care component was 55%. This reflects that the characteristic of the Palau medical home design. In this design, there are several pediatricians, nurses, and social workers who are part of this medical home. Therefore, any child with special need can access quality care at any time and place. Although the systems are in place for provision of health care and transitioning from child to adulthood, components of care that really prepares the child with special needs to be an independent adult are not in place. We understand this, and will need a complete paradigm shift from cultural and traditional contexts of family responsibility to an individual rights and responsibilities to attain fulfillment of life.//2010//

2. Section Number: Form11_Performance Measure #6**Field Name:** PM06**Row Name:****Column Name:****Year:** 2007**Field Note:**

//2008/ - fAt average, 76% of family members agree that they have doctors and they always have health care access. These questions reflect the level of access to the services necessary to make transitions to all aspects of adult life, including adult health care, work and independence. About 97.3% (71/73) of family members of children with special health care needs said that they never had delay in health care consult nor gone without health care for their child. Also, 55.4% (41/74) expressed that their child has a regular doctor or nurse. The low proportion of family members agreeing that their child has a regular doctor could also be explained by the fact that a child with special health care needs could also be referred from one doctor or health professional to the other including the stakeholders in the schools and communities.

3. Section Number: Form11_Performance Measure #6**Field Name:** PM06**Row Name:****Column Name:****Year:** 2006**Field Note:**

At average, 76% (56/73) of the family members agree that they have doctors and they always have health care access. These questions reflect the level of access to the services necessary to make transitions to all aspects of adult life, including adult health care, work and independence. About 97.3% (71/73) of family members of children with special health care needs said that they never had delay in health care consult nor gone without health care for their child. Also, 55.4% (41/74) expressed that their child has a regular doctor or nurse. The low proportion of family members agreeing that their child has a regular doctor could also be explained by the fact that a child with special health care needs could also be referred from one doctor or health professional to the other including the stakeholders in the schools and communities.

PERFORMANCE MEASURE # 07

Percent of 19 to 35 month olds who have received full schedule of age appropriate immunizations against Measles, Mumps, Rubella, Polio, Diphtheria, Tetanus, Pertussis, Haemophilus Influenza, and Hepatitis B.

Annual Objective and Performance Data					
	2004	2005	2006	2007	2008
Annual Performance Objective	99	99	100	100	100
Annual Indicator	95.9	99	97.9	95	96
Numerator	462		333		
Denominator	482		340		
Data Source					Immunization Registry
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied. (Explain data in a year note. See Guidance, Appendix IX.)					
Is the Data Provisional or Final?				Final	Provisional

Annual Objective and Performance Data					
	2009	2010	2011	2012	2013
Annual Performance Objective	100	100	100	100	100
Annual Indicator					
Numerator	Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.				
Denominator					

Field Level Notes**1. Section Number:** Form11_Performance Measure #7**Field Name:** PM07**Row Name:****Column Name:****Year:** 2008**Field Note:**

//2009/-Data are precalculated and therefore numerators and denominators are not provided to us. Through the efforts of CDC funded immunization program, discussions on developments of new database that will assist us in immunization assessment and follow-up are ongoing. This ongoing discussions between CDC , Palau's Immunization Program and MOH Information System will help us refine our process and strategies to improve this indicator for 2010 reporting year. This information system development will enable FHU information system to be linked with Immunization data base.//2010//

2. Section Number: Form11_Performance Measure #7**Field Name:** PM07**Row Name:****Column Name:****Year:** 2007**Field Note:**

//2008/- In 2007, the immunization registry and tracking show that HIB was missed at 15 months for majority of missed immunization. This vaccine cannot be administered after 15 months and therefore in 2007, we see the rate come down as compared to previous years.

3. Section Number: Form11_Performance Measure #7**Field Name:** PM07**Row Name:****Column Name:****Year:** 2006**Field Note:**

Children in Palau received their immunization from the Well-baby clinic or in the Dispensaries. In 2006, the total clients in the registry totaled 340 (3 years old). At average, the percentage of 35 month old who received immunization was 98% (333/340). The following are the breakdown of immunization: DTaP-4 (100%), IPV-3 (97%), MMR-2 (96%) and Hep-3 (97%).

Data is taken from the Division of Primary and Preventive Services which pool all data from the Well-Baby Clinic and the Communicable Disease Unit.

PERFORMANCE MEASURE # 08

The rate of birth (per 1,000) for teenagers aged 15 through 17 years.

Annual Objective and Performance Data					
	2004	2005	2006	2007	2008
Annual Performance Objective	15	13	11	10	6.4
Annual Indicator	9.5	11.1	7.6	6.5	13.1
Numerator	4	5	10	3	6
Denominator	422	449	1,322	459	459

Data Source

Birth Certificate,
FHU Registry

Check this box if you cannot report the numerator because
 1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Provisional

Annual Objective and Performance Data					
	2009	2010	2011	2012	2013
Annual Performance Objective	6	6	5.8	5.6	5.2
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

Field Level Notes**1. Section Number:** Form11_Performance Measure #8

Field Name: PM08

Row Name:

Column Name:

Year: 2008

Field Note:

//2009/-The school health program through the adolescent health collaborative continues to advocate and provide services to assure healthy reproductive health for Palau's children. Included in activities for 2008 are provision of on-site reproductive and sexual health counseling, provision of family planning services, health screening/intervention/referrals/follow-ups and through the Strengthening Project. This project aims to improve health of children through improving health and PE programs in schools. Through this initiative, health and PE teachers are assisted to look at health and PE as integrated subjects. Areas of health that are addressed in this initiative are wellness issues such as physical activity, nutrition, mental, behavioral and emotional health, substance abuse, sexuality and reproductive health. FHU also supports summer camps for children. In these summer camps, FHU incorporate health learnings which becomes part of the summer camps activities. Through this supports, FHU is assisting community NGO to develop culturally appropriate models of intervention for Palau youths. FHU have also conducted gender focus groups on reproductive health that focuses on prevention and life skill building.//2010//

2. Section Number: Form11_Performance Measure #8

Field Name: PM08

Row Name:

Column Name:

Year: 2007

Field Note:

//2008/- About 5.0% (n=14) of the total pregnancies in 2007 are from teenage mothers. Of these, one (1) was 16 years old and two (2) were 17 years old. This brings the 15-17 ASFR at 6.6 per 1,000 women in the said age bracket. An increase is observed in 2007 compared to 2006 at 2.2. The three-year moving average is 7.6 per 1000 for teenagers aged 15 through 17 years. Expanding the assessment of the ASFR to 15-19 years old, this has slightly dropped from 18.6 to 18.4 per 1000 women in 2006 and 2007, respectively. An age-specific fertility rate of 18.4 is lower compared with the same rate in the industrialized countries at 24 (Fertility and Contraceptive Use, Unicef Statistics, Unicef, 2007).

The denominator is a population projection for this age group(female), based on the Republic of Palau 2005 Population Census

3. Section Number: Form11_Performance Measure #8

Field Name: PM08

Row Name:

Column Name:

Year: 2006

Field Note:

This computes for the three-year moving average from 2004-2006.

Pregnancy during adolescent years tends to be unintended and premature. It is also associated with greater risks of dying in pregnancy and complications during delivery. Consequences are also dire because babies born to teenagers run a higher risk of low birth weight, serious long term disability. Having a child during teenage years also limits girls' opportunities for better education, jobs and income. These are strong reasons for Palau's commitment to the most vulnerable group of 15-19 years old.

About 5.4% (n=14) of the total pregnancies in 2006 are from teenage mothers. Of these, one (1) was 17 years old. This brings the 15-17 ASFR at 2.2 per 1,000 women in the said age bracket. A swift decrease is observed in 2006 compared to last year at 11.1. The three-year moving average is 7.6 per 1000 for teenagers aged 15 through 17 years.

Expanding the assessment of the ASFR to 15-19 years old, this has dropped from 30.8 to 18.6 per 1000 women in 2005 and 2006, respectively. An age-specific fertility rate of 18.6 is lower compared with the same rate in the industrialized countries at 24 (Fertility and Contraceptive Use, Unicef Statistics, Unicef, 2007).

PERFORMANCE MEASURE # 09

Percent of third grade children who have received protective sealants on at least one permanent molar tooth.

Annual Objective and Performance Data					
	2004	2005	2006	2007	2008
Annual Performance Objective	99	83	85	87	90
Annual Indicator	81	53.9	41.5	87.1	81.9
Numerator		132	136	155	104
Denominator		245	328	178	127
Data Source					Dental Serv. Tracking System
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied. (Explain data in a year note. See Guidance, Appendix IX.)					
Is the Data Provisional or Final?				Final	Provisional

Annual Objective and Performance Data					
	2009	2010	2011	2012	2013
Annual Performance Objective	93	93	93	94	95
Annual Indicator					
Numerator	Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.				
Denominator					

Field Level Notes**1. Section Number:** Form11_Performance Measure #9**Field Name:** PM09**Row Name:****Column Name:****Year:** 2008**Field Note:**

//2009/-FHU worked to increase collaboration effort with the Division of Oral Health. Since dental health screening is part of the School Health Screening, it is important for the Division of Oral Health to increase their effort in preventive dentistry for children. This discussion is undergoing with the new management in Oral Health Division, we foresee better working relationship and management activity to address this issue.//2010//

2. Section Number: Form11_Performance Measure #9**Field Name:** PM09**Row Name:****Column Name:****Year:** 2007**Field Note:**

//2008/- In 2007, this is the first time that Palau has reached its target in the last five years. FHU partners with the Division of Oral Health to continue to improve this measure. In the school health screening, the cavities rate for 3rd graders was 60%. This indicates that extensive work need to continue to lower the percentage of caries. Another partnership is through ECCS and the Association of Governors to assure that all schools in Palau will have classroom sinks for the purpose of improving oral health and personal hygiene issues of school aged children.

3. Section Number: Form11_Performance Measure #9**Field Name:** PM09**Row Name:****Column Name:****Year:** 2006**Field Note:**

A total of 41.5% (136/328) of the third grade children received protective sealants (Note: this denominator includes those Grade 3 students who may not need protective sealants). Overall, there are 328 third grade children but only 92% (n=302) of them underwent dental screening by the Dental Unit. Of those who were screened, 69.2% (209/302) required sealants. In actuality, there are a higher proportion of Grade 3 students who received protective sealants, about 65% (136/209) from among those who required sealants.

The Dental Unit of the Ministry of Health conducts yearly screening among children. This is also complemented with the School Health Screening Program of the Bureau of Public Health through the Family Health Unit. A yearly health and psycho-social screening is done that includes screening for dental caries. Any child who has dental problems is referred to the Dental Unit. Group and individual counseling is also done by the Public Health Social Workers on varied issues including dental hygiene and care. In the 2006 School Health Screening, 18.8% (213/1131) of the students (Grades 3, 5, 7, 9 & 11) had dental caries. The mean number of dental caries was 0.5. In 2006 alone, a total of 162 referrals to the dental unit was done (School Health Screening, 2006).

Access to screening, diagnosis and management (care) are well in placed in Palau thru the Dental Unit. There are also on-going oral health promotion and preventive activities. Collaboration is very strong from and among key stakeholders like the Dental Unit, Bureau of Public Health, Schools, parents, students and the communities.

PERFORMANCE MEASURE # 10

The rate of deaths to children aged 14 years and younger caused by motor vehicle crashes per 100,000 children.

Annual Objective and Performance Data					
	2004	2005	2006	2007	2008
Annual Performance Objective	0	0	0	0	0
Annual Indicator	0.0	0.0	0.0	0.0	
Numerator	0	0	0	0	
Denominator	3,912	4,789	4,836	4,875	
Data Source					MOHMIS
Do not report the numerator because					
1. There are fewer than 5 events over the last year, and					
2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.			Yes	Yes	Yes
(Explain data in a year note. See Guidance, Appendix IX.)					
Is the Data Provisional or Final?				Final	Provisional

Annual Objective and Performance Data					
	2009	2010	2011	2012	2013
Annual Performance Objective	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

Field Level Notes**1. Section Number:** Form11_Performance Measure #10**Field Name:** PM10**Row Name:****Column Name:****Year:** 2008**Field Note:**

//2010/-We continued to increase injury prevention efforts with Emergency Health Program and the Ministry of Justice so that Palau's children do not die due to motor vehicle crashes. Through collaboration with Emergency Health and State Incentive Grant, we conducted community prevention activities that targets issues related to MVA such as DUI and underage drinking. We also conduct presentations in the 2008 Womens Conference on Child Injury and Child Death. In addition, In the 2008 National Youth Conference, FHU coordinated with other programs in presenting and conducting workshop sessions targeting on underage drinking. FHU also supported various summer camps in providing trainings to students and mentors in life skill application. We continued to support Emergency Health in their initiative "Dewill A Renguk", a "model program" campaign against drunk driving. In 2008, one (1) child died due to motor vehicle crash which was also alcohol related.//2010//

2. Section Number: Form11_Performance Measure #10**Field Name:** PM10**Row Name:****Column Name:****Year:** 2007**Field Note:**

//2008/ - No deaths were recorded caused by motor vehicle among children aged 14 years and younger.

The risk for motor vehicle accidents in the recent Youth Risk Behavior (2007)Survey, about 14.6% (84/572) of the respondents claimed to have driven a car or other vehicle when they had been drinking alcohol. The School Health Program has individual and group counseling on Alcohol, Tobacco and Other Drugs among the in-school students. In addition, many other programs in Palau such as the "Stop Tobacco Use Now" and the "Gen NOW" Projects of the Division of Behavioral Health have been very actively promoting the reduction of use of alcohol and tobacco in the community. FHU and the CHC with their community engagement activities are also working to increase community capacities to lessen the use and risk of tobacco and alcohol.

3. Section Number: Form11_Performance Measure #10**Field Name:** PM10**Row Name:****Column Name:****Year:** 2006**Field Note:**

No deaths were recorded caused by motor vehicle among children aged 14 years and younger.

The risk for motor vehicle accidents could be likely. In the recent Youth Risk Behavior Survey, about 14.6% (84/572) of the respondents claimed to have driven a car or other vehicle when they had been drinking alcohol. However, the School Health Program has individual and group counseling on Alcohol, Tobacco and Other Drugs among the in-school students.

PERFORMANCE MEASURE # 11

The percent of mothers who breastfeed their infants at 6 months of age.

Annual Objective and Performance Data

	2004	2005	2006	2007	2008
Annual Performance Objective			60	65	56
Annual Indicator		48.7	58.7	52.4	96.8
Numerator			54	33	92
Denominator			92	63	95

Data Source

FHU Client
Tracking System

Check this box if you cannot report the numerator because
 1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer
 than 5 and therefore a 3-year moving average cannot be
 applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Provisional

Annual Objective and Performance Data

	2009	2010	2011	2012	2013
Annual Performance Objective	97	98	98	98	98
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

Field Level Notes

1. **Section Number:** Form11_Performance Measure #11

Field Name: PM11

Row Name:

Column Name:

Year: 2007

Field Note:

//2008/ Comparison of Breastfeeding Practice among Mothers who Gave Birth from Years 2003 - 2007.

Among those mothers who delivered in 2007 and participated in the PRAMS-like survey, 96.5% breastfed their babies. Of those who breastfeed, 44.1% breastfed for 6 months or more while those who breastfed within the first six months was slightly higher at 52.4%. There is a decrease compared with 2003-2004 (46.4%) and 2005/2006 (58.7%). There is a slight decrease of mothers who did not breastfeed in 2007 (3.2%) compared with 2005/2006 (3.3%), still the proportion of babies being breastfeed is very high. The proportion of those mothers who breastfeed their babies is 96.9% from years 2003-2007.

-

2. **Section Number:** Form11_Performance Measure #11

Field Name: PM11

Row Name:

Column Name:

Year: 2006

Field Note:

Since the number of mothers who participated in the PRAMS-like survey is low for each year, years 2003 and 2004 were combined together. The same holds true with 2005 and 2006.

Among those mothers who delivered in 2005 and 2006 and participated in the PRAMS-like survey, 96.7% breastfed their babies. Of those who breastfeed, 58.7% had it for 6 months or more. There is a moderate increase compared with 2003/2004 (51.3%). While there is a slight increase of mothers who did not breastfeed in 2005/2006 (3.3%) compared with 2004/2005 (2.9%), still the proportion of babies being breastfeed is very high. The proportion of those mothers who breastfeed their babies is 97% from years 2003-2006.

PERFORMANCE MEASURE # 12

Percentage of newborns who have been screened for hearing before hospital discharge.

Annual Objective and Performance Data					
	2004	2005	2006	2007	2008
Annual Performance Objective	0	0	98	99	85
Annual Indicator	0.0	0.0	50.2	81.4	85.4
Numerator	0	0	130	227	252
Denominator	259	311	259	279	295
Data Source					Newborn Screening Tracking System
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied. (Explain data in a year note. See Guidance, Appendix IX.)					
Is the Data Provisional or Final?				Final	Provisional

Annual Objective and Performance Data					
	2009	2010	2011	2012	2013
Annual Performance Objective	87	89	91	95	99
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

Field Level Notes**1. Section Number:** Form11_Performance Measure #12**Field Name:** PM12**Row Name:****Column Name:****Year:** 2007**Field Note:**

//2008/ - There were a total of 279 live births in 2007. Of these newborns, 81.4% (n=227) were screened for hearing using the Otoacoustic Emission test prior to discharge. About 86.3% (196/227) passed the test and 13.7% (31/227) failed in both or either ears.

Among the 31 newborns who failed the OAE test, three (3) or 9.7% (3/31) were tested in only one ear, 25.8% (8/31) newborns failed on both ears. 64.5% (20/31) newborns were tested on both ears and failed the test on either ear.

No infants were tested on the Auditory Brainstem Response Test. However, at 3 months follow-up in the well-baby services, all infants who failed the initial test at births, all passed the OAE and ABR. Therefore, no baby was found to have congenital deafness in 2007.

2. Section Number: Form11_Performance Measure #12**Field Name:** PM12**Row Name:****Column Name:****Year:** 2006**Field Note:**

There were a total of 259 live births in 2006. Of these newborns, 50.1% (n=130) were screened for hearing using the Otoacoustic Emission test prior to discharge. About 90% (117/130) passed the test and 10% (13/130) failed in both or either ears. At least one newborn OAE test only in one ear but passed it. Another 25% (65/259) infants born in 2006 underwent screening 1 month or more after hospital discharge. Overall, a total of 195 (75.2%) infants had hearing screening. Among newborns who failed in the hearing screening, re-test were done during follow-up.

The hearing screening officially started in March 1, 2007 after the purchase of the equipment and the training of the health staff (one pediatrician and two ENT nurses). There were two skills-building training, one in Tripler Army Medical Center in Hawaii and in Palau during the delivery of the equipment. From the time that the OAE was done up to December 31, 2006 there were 214 live births. Thus, the actual proportion of newborns screened prior to discharge is 60.7% (130/214). If the other infants who were screened after discharge will be included, the overall proportion of infants who underwent OAE is 91.1% (195/214).

About 6 infants had Auditory Brainstem Response Test and passed.

PERFORMANCE MEASURE # 13

Percent of children without health insurance.

Annual Objective and Performance Data					
	2004	2005	2006	2007	2008
Annual Performance Objective	0	0	0	0	0
Annual Indicator	0	0	0	0	15.0
Numerator					961
Denominator					6,411
Data Source					2000 & 2005 Palau Census of Population
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied. (Explain data in a year note. See Guidance, Appendix IX.)					
Is the Data Provisional or Final?				Final	Provisional
Annual Objective and Performance Data					
	2009	2010	2011	2012	2013
Annual Performance Objective	15	15	15	15	15
Annual Indicator					
Numerator	Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.				
Denominator					

Field Level Notes**1. Section Number:** Form11_Performance Measure #13**Field Name:** PM13**Row Name:****Column Name:****Year:** 2008**Field Note:**

/2009/-While there is only a small proportion of Palauans who are covered with private health/medical insurance, the government heavily subsidizes health care. From pregnancy onto delivery all prenatal services are provided free of charge. Newborn Screening to FHU's well-baby services including school based health screening and intervention are also provided free of charge. Services for Children with special health care needs are heavily subsidized with minimal fee for medication (\$6-\$10) for perscription. Medical Home activities for CSN are also not charged. On the other hand, hospitalization is made affordable through a sliding fee and no Paluan who requires hospitalization is denied of it.

In strengthening access, the amendments introduced in the Constitution had made primary health care (as with education) as a fundamental right of every Palauan. The implementing law for it is currently being addressed. On the other hand, there is ongoing initiative in the Bureau of Public Health to adopt changes in the current public health laws to incorporate this amendment in the constitution. The Family Health Unit takes an active part in this process of change.//2010//

2. Section Number: Form11_Performance Measure #13**Field Name:** PM13**Row Name:****Column Name:****Year:** 2007**Field Note:**

//2008/- While there is only a small proportion of Palauans who are covered with private health/medical insurance, the government heavily subsidizes health care. From pregnancy onto delivery all prenatal services are provided free of charge. Newborn Screening to FHU's well-baby services including school based health screening and intervention are also provided free of charge. Services for Children with special health care needs are heavily subsidized with minimal fee for medication (\$6-\$10) for perscription. Medical Home activities for CSN are also not charged. On the other hand, hospitalization is made affordable through a sliding fee and no Paluan who requires hospitalization is denied of it.

In strengthening access, the amendments introduced in the Constitution had made primary health care (as with education) as a fundamental right of every Palauan. The implementing law for it is currently being addressed. On the other hand, there is ongoing initiative in the Bureau of Public Health to adopt changes in the current public health laws to incorporate this amendment in the constitution. The Family Health Unit takes an active part in this process of change.

3. Section Number: Form11_Performance Measure #13**Field Name:** PM13**Row Name:****Column Name:****Year:** 2006**Field Note:**

While there is only a small proportion of Paluans who are covered with private health/medical insurance, the government heavily subsidizes health care. Thus, it can be said that every child in Palau is covered with social insurance. Generally, basic preventive services are free of charge. These services include those under the Family Health/MCH Program. Children with special health care needs identified in the interagency collaborative process also receive services free of charge. On the other hand, hospitalization is made affordable through a sliding fee and no Paluan who requires hospitalization is denied of it.

In strengthening access, the amendments introduced in the Constitution had made primary health care (as with education) as a fundamental right of every Palauan. The implementing law for it is currently being addressed. On the other hand, there is ongoing initiative in the Bureau of Public Health to adopt changes in the current public health laws to incorporate this amendment in the constitution. The Family Health Unit takes an active part in this process of change.

PERFORMANCE MEASURE # 14

Percentage of children, ages 2 to 5 years, receiving WIC services with a Body Mass Index (BMI) at or above the 85th percentile.

Annual Objective and Performance Data					
	2004	2005	2006	2007	2008
Annual Performance Objective			10	8	6
Annual Indicator					
Numerator					
Denominator					
Data Source					FHU Client Tracking System, MOH Encounter
Do not report the numerator because there are fewer than 5 events over the last year, and the average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.					
If you cannot report the numerator because of the criteria above, explain in a year note. See Guidance, Appendix IX.)					
Is the Data Provisional or Final?				Final	Provisional

Annual Objective and Performance Data					
	2009	2010	2011	2012	2013
Annual Performance Objective	95	95	95	95	95
Annual Indicator					
Numerator	Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.				
Denominator					

Field Level Notes**1. Section Number:** Form11_Performance Measure #14**Field Name:** PM14**Row Name:****Column Name:****Year:** 2008**Field Note:**

//2010/-In 2006, Palau adopted changes to begin BMI measurements in this age group. These information are charged in the medical records, however, at this point, we have not electronically implemented collection of these indicators and therefore cannot report on it. At the same time, in the annual health screening for children over the age of 5, BMI information are collected, analyzed, and reported. In 2008 work has began to change information collection protocols to include BMI and blood pressure data in the encounter form. The last two years, patient information in the medical chart has been changed to reflect BMI and blood pressure monitoring information. The next stage is as mentioned changes in encounter form has to be adopted so that electronic collection and monitoring can be implemented.//2010//

2. Section Number: Form11_Performance Measure #14**Field Name:** PM14**Row Name:****Column Name:****Year:** 2007**Field Note:**

//2008/ - No data can be supplied in this item since Palau doesn't have a WIC program. Although Palau doesn't have the WIC program, there are several things that we do like routine care for infants and children, Well-baby clinic that are part of the WIC program.

In 2006, Palau adopted changes to begin BMI measurements in this age group. These information are charged in the medical records, however, at this point, we have not electronically implemented collection of these indicators and therefore cannot report on it. At the same time, in the annual health screening for children over the age of 5, BMI information are collected, analyzed, and reported.

3. Section Number: Form11_Performance Measure #14**Field Name:** PM14**Row Name:****Column Name:****Year:** 2006**Field Note:**

No data can be supplied in this item since Palau doesn't have a WIC program.

Although Palau doesn't have the WIC program, there are several things that we do like routine care for infants and children, Well-baby clinic that are part of the WIC program.

PERFORMANCE MEASURE # 15

Percentage of women who smoke in the last three months of pregnancy.

Annual Objective and Performance Data

	2004	2005	2006	2007	2008
Annual Performance Objective			13	10	55
Annual Indicator			50.0	57.4	
Numerator			16	39	
Denominator			32	68	

Data Source

Check this box if you cannot report the numerator because
 1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Provisional

Annual Objective and Performance Data

	2009	2010	2011	2012	2013
Annual Performance Objective	53	50	47	45	
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

Field Level Notes**1. Section Number:** Form11_Performance Measure #15**Field Name:** PM15**Row Name:****Column Name:****Year:** 2008**Field Note:**

//2009/ We are reporting information for 2007 PRAMS-like Survey. Ammendments to the instrument have been adopted to specifically ask this question.//2010//

2. Section Number: Form11_Performance Measure #15**Field Name:** PM15**Row Name:****Column Name:****Year:** 2007**Field Note:**

//2008/ - If we take into account mothers who gave birth in 2007, only 68 of them were interviewed (PRAMS-like Survey) from a total of 279 mothers who had live births. Of these, 57.4% (39/68) continued to smoke during the period of pregnancy. This is higher than in 2006 at 50.0% (16/32 [1 missing data]) and lower in 2005 at 66.7% (42/63 [2 missing data]).

In years 2007, there were 68 mothers who were interviewed at post-natal phase (generally after six months from delivery). A face to face interview was done using the PRAMS-like Survey Interview Schedule. About 66.2% (43/65 [1 missing data]) smoked cigarette in the past twelve months prior to pregnancy. When probed further whether the smokers/chewers change the frequency of cigarette use during their most recent pregnancy, 57.4% (39/68) continued smoking. Among mothers who smoked, 5.9% (4/68) quit from smoking cigarette during their most recent pregnancy. On the other hand, a large proportion of those who continue to smoke decreased (60.5%) maintained (20.9%) or increased (9.3%) their frequency of smoking. In years 2007, the proportion of mothers (57.4%) who continued to smoke is less compared with 2005-2006 at 61.1% but more compared with 2003-2004 at 55.5%.

During the pre-natal visits, cessation of cigarette use either by smoking or chewing betel with cigarette is an important component of the counseling. This area requires an intensive and innovative strategy to curb the problem of cigarette use during pregnancy.

3. Section Number: Form11_Performance Measure #15**Field Name:** PM15**Row Name:****Column Name:****Year:** 2006**Field Note:**

The data is culled from the PRAMS-like survey covering the periods of 2003-2006. With reference to the timing of smoking, the specific question in the PRAMS-like survey did not indicate the last three months of pregnancy. Rather, the question referred to smoking during the most recent pregnancy.

If we take into account mothers who gave birth in 2006, only 33 of them were interviewed from a total of 259 mothers who had live births. Of these, 50.0% (16/32 [1 missing data]) continued to smoke during the period of pregnancy. This is lower than in 2005 at 66.7% (42/63 [2 missing data]).

In years 2005-2006, there were 98 mothers who were interviewed at post-natal phase (generally after six months from delivery). A face to face interview was done using the PRAMS-like Survey Interview Schedule. About 69.5% (66/95) smoked cigarette in the past twelve months prior to pregnancy. When probed further whether the smokers/chewers change the frequency of cigarette use during their most recent pregnancy, 61% (58/95 [3 missing data]) continued smoking. Among mothers who smoked, 10.8% (7/65 [1 missing data]) quit from smoking cigarette during their most recent pregnancy. On the other hand, a large proportion of those who continue to smoke decreased (46.2%) maintained (32.3%) or increased (10.8%) their frequency of smoking. In years 2005-2006, the proportion of mothers who continued to smoke is more (61%) compared with 2003-2004 at 55.5%.

During the pre-natal visits, cessation of cigarette use either by smoking or chewing betel with cigarette is an important component of the counseling. This area requires an intensive and innovative strategy to curb the problem of cigarette use during pregnancy.

PERFORMANCE MEASURE # 16

The rate (per 100,000) of suicide deaths among youths aged 15 through 19.

	<u>Annual Objective and Performance Data</u>				
	2004	2005	2006	2007	2008
Annual Performance Objective	0	0	0	0	0
Annual Indicator	0.0	68.4			
Numerator	0	1			
Denominator	1,177	1,462	1,474	1,486	

Data Source

Bureau of Public Health
Epidemiology

Check this box if you cannot report the numerator because
1. There are fewer than 5 events over the last year, and
2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Yes Yes Yes

Final

Provisional

	<u>Annual Objective and Performance Data</u>				
	2009	2010	2011	2012	2013
Annual Performance Objective	0	0	0	0	0
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

Field Level Notes

1. **Section Number:** Form11_Performance Measure #16

Field Name: PM16

Row Name:

Column Name:

Year: 2008

Field Note:

//2010/- In 2008, out of 1486 children in this age group, there was one 19 year old youth who died from suicide. There were also two other suicide deaths, one to a 14 year old male and a 21 year old female.//2010//

2. **Section Number:** Form11_Performance Measure #16

Field Name: PM16

Row Name:

Column Name:

Year: 2007

Field Note:

//2008/- In its commitment to address psychosocial issues that leads to suicide of young people, Palau, through FHU's school-based health screening and intervention monitors risk factors for suicide. Among the screening questions pertain to depression, traumatic experiences, suicide ideation and suicide attempt including access to counselor or therapist. If students are known to have any psycho-social problems, the Public Health Social Workers initiate counseling or make referral to appropriate units like the Behavioral Health or School Health Clinic. On the other hand, the Ministry of Education also conducts the Youth Risk Behavior Survey every two years that also deals on psychosocial issues similar to the School Health Screening Program. Both the School Health Screening and the YRBS also helped program implementers in designing strategies and activities to respond to the problems of the youth.

In the 2007 School Health Screening, 7.7 % of children reported to have suicide ideation and 32% of those who had ideation have attempted suicide. Interventions either through on-site and follow-up from school health program and through referrals were done.

In 2007, there was one case of suicide who was a 14-year old female.

3. **Section Number:** Form11_Performance Measure #16

Field Name: PM16

Row Name:

Column Name:

Year: 2006

Field Note:

There was one 16 year old female who committed suicide in 2006.

Palau is committed to address the health and psychosocial needs of children particularly the vulnerable 15 – 19 years old. Death from suicide is unnecessary as it is preventable. As part of its commitment in this area, the Bureau of Public Health through the Family Health Unit conducts a yearly screening (as part of the School Health Program) among in-school children specifically grades 1, 3, 5, 7, 9 and 11. Among the screening questions pertain to depression, traumatic experiences, suicide ideation and suicide attempt including access to counselor or therapist. If students are known to have any psycho-social problems, the Public Health Social Workers initiate counseling or make referral to appropriate units like the Behavioral Health or School Health Clinic. On the other hand, the Ministry of Education also conducts the Youth Risk Behavior Survey every two years that also deals on psychosocial issues similar to the School Health Screening Program. This survey measures the success of the interventions among the youth regarding suicide ideation and suicide. Both the School Health Screening and the YRBS also helped program implementers in designing strategies and activities to respond to the problems of the youth.

In the 2005 School Health Screening, 3.7% (42/1131) attempted suicide. Proper interventions through counseling and referrals were done.

PERFORMANCE MEASURE # 17

Percent of very low birth weight infants delivered at facilities for high-risk deliveries and neonates.

Annual Objective and Performance Data

	2004	2005	2006	2007	2008
Annual Performance Objective	0	0	0	0	0
Annual Indicator	0	0.0	0.0	0.0	0.0
Numerator		0	0	0	0
Denominator		317	259	279	295

Data Source

MOH MIS

Check this box if you cannot report the numerator because
 1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Provisional

Annual Objective and Performance Data

	2009	2010	2011	2012	2013
Annual Performance Objective	0	0	0	0	0
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

Field Level Notes**1. Section Number:** Form11_Performance Measure #17**Field Name:** PM17**Row Name:****Column Name:****Year:** 2008**Field Note:**

/2009/- There were no VLBW infants born in Palau for this reporting year. There has been a trend over the last several years of no VLBW. //2010//

2. Section Number: Form11_Performance Measure #17**Field Name:** PM17**Row Name:****Column Name:****Year:** 2007**Field Note:**

//2008/- Palau has no Level III facility. The Belau National Hospital, the biggest hospital in the republic, does not have a Neonatal Intensive Care Unit for babies with very low birth weight or complications. Generally, the newborns are taken cared of at the Nursery which is able to respond to general care for neonates. While the facility is not equipped to respond to newborns weighing less than 1,500 grams, historically the hospital is able to care and support for babies weighing less than 1500 grams and those with some complications.

In the 2007 calendar year, one (1) baby was born weighing 1,500 grams and less (Very Low Birth Weight). About 8.6% (24/279) of live births are classified as Low Birth Weight or weighing 1500 – 2500 grams. One other mother who had a historical pattern of high risk was sent to the Philippines to birth her baby. The baby was born in November 2007 and remained in the hospital for 4 months prior to coming to Palau.

3. Section Number: Form11_Performance Measure #17**Field Name:** PM17**Row Name:****Column Name:****Year:** 2006**Field Note:**

Palau has no Level III facility. The Belau National Hospital, the biggest hospital in the republic, does not have a Neonatal Intensive Care Unit for babies with very low birth weight. Generally, the newborns are taken cared of at the Neonatal Care Unit which is able to respond to general care for neonates. While the facility is not equipped to respond to newborns weighing less than 1,500 grams, historically the hospital is able to care and support for babies weighing less than 1500 grams and those with some complications.

In the 2006 calendar year, no baby was born weighing 1,500 grams and less (Very Low Birth Weight). Overall, about 9.6% (25/259) of live births are classified as Low Birth Weight or weighing 1500 – 2500 grams.

PERFORMANCE MEASURE # 18

Percent of infants born to pregnant women receiving prenatal care beginning in the first trimester.

Annual Objective and Performance Data

	2004	2005	2006	2007	2008
Annual Performance Objective	51.3	37	45	52	36
Annual Indicator	30.1	61.2	25.5	33.3	55.3
Numerator	78	194	66	93	163
Denominator	259	317	259	279	295

Data SourceFHU Client
Information System

Check this box if you cannot report the numerator because
 1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer
 than 5 and therefore a 3-year moving average cannot be
 applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Provisional

Annual Objective and Performance Data

	2009	2010	2011	2012	2013
Annual Performance Objective	56	57	57	58	58
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

Field Level Notes**1. Section Number:** Form11_Performance Measure #18**Field Name:** PM18**Row Name:****Column Name:****Year:** 2008**Field Note:**

//2009/-Refer to HSCI 05 C./2010//

2. Section Number: Form11_Performance Measure #18**Field Name:** PM18**Row Name:****Column Name:****Year:** 2007**Field Note:**

//2008/ - Of the 279 live infants born to mothers in 2007, 33.3% (n=93) had their first prenatal visits during the first trimester. About 4.3% (n=12) had no records of prenatal visits in the Encounter Forms. This data is taken from the Prenatal Registry at the Medical Records and the Encounter Forms. At the same time, we had 3 moms who gave births without prenatal care and accessed birthing/delivery services through emergency room. An issue of hospital cost is appearing to be a barrier to proper care for pregnant women and this may have an impact of the health of the mother and the baby.

3. Section Number: Form11_Performance Measure #18**Field Name:** PM18**Row Name:****Column Name:****Year:** 2006**Field Note:**

Of the 259 mothers who gave birth in 2006, 25.5% (n=66) had their first prenatal visits during the first trimester. About 5.4% (n=14) had no records of prenatal visits in the Encounter Forms. This data is taken from the Prenatal Registry at the Medical Records and the Encounter Forms.

On the other hand, the PRAMS-like survey of those mothers who recently gave birth in 2005-2006, would show that 75.5% of them had their first prenatal visits on or before 12th weeks AOG. This proportion is higher compared to 2003-2004 (65.1%).

STATE PERFORMANCE MEASURE # 1

Percent of 0-2 years of age who test positive for hearing defects that receive further evaluation and treatment

<u>Annual Objective and Performance Data</u>					
	2004	2005	2006	2007	2008
Annual Performance Objective			100	100	0
Annual Indicator			0.0	4.4	0.0
Numerator			0	1	0
Denominator			130	227	251
Data Source					Newborn Screening Tracking System
Is the Data Provisional or Final?				Final	Provisional
<u>Annual Objective and Performance Data</u>					
	2009	2010	2011	2012	2013
Annual Performance Objective	0	0	0	0	0
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

Field Level Notes**1. Section Number:** Form11_State Performance Measure #1**Field Name:** SM1**Row Name:****Column Name:****Year:** 2007**Field Note:**

//2008/ - In 2007, there 31 newborns who failed the initial screening, however, when re-screened at 2 weeks and 3 months, all these newborns passed OAE and/or ABR.

We conducted a regional training on newborn hearing screening. Our counterparts from the 3 jurisdictions, RMI, FSM and Palau participated in this training. In the training we went over the etiology of hearing problems in the pacific and how Micronesia (Palau, FSM and RMI) compare to other pacific islands. We also introduced participants to the hearing screening equipment in Palau and they went through the process of using the equipment on newborns.

2. Section Number: Form11_State Performance Measure #1**Field Name:** SM1**Row Name:****Column Name:****Year:** 2006**Field Note:**

With the Universal Hearing Screening, majority of newborns in Palau were tested prior to discharge. When the baby fails in the exam, a re-test is done. The same baby is also referred to a specialist. Only 130 of the newborns were tested. Of these, 13 failed and followed up for treatment.

STATE PERFORMANCE MEASURE # 2

Percentage of newborns screened positive for genetic disorder who receive further evaluation and treatment

<u>Annual Objective and Performance Data</u>					
	2004	2005	2006	2007	2008
Annual Performance Objective			100	100	100
Annual Indicator			0	0	0
Numerator					
Denominator					
Data Source					Newborn Screening Tracking System
Is the Data Provisional or Final?				Final	Provisional

<u>Annual Objective and Performance Data</u>					
	2009	2010	2011	2012	2013
Annual Performance Objective	100	100	100	100	100
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

Field Level Notes**1. Section Number:** Form11_State Performance Measure #2**Field Name:** SM2**Row Name:****Column Name:****Year:** 2008**Field Note:**

//2009/ - In 2008 we began screening for genetic/metabolic disorder for 5 congenital disorders. Since then, no child have been identified to have any of the 5 disorders.//2010//

2. Section Number: Form11_State Performance Measure #2**Field Name:** SM2**Row Name:****Column Name:****Year:** 2007**Field Note:**

//2008/ - In 2007-2008 we had to set-up a system in place for implementation of this screening program. Included in this system set-up, was to assure that we comply with IATA regulations on air shipment of biological products. We also trained our staff in the blood spot collection process, drying and packaging for air shipment. We have also contracted with DHL as the air courier for the blood spots and by June 15, 2008, Palau will begin screening for 5 congenital genetic disorders.

3. Section Number: Form11_State Performance Measure #2**Field Name:** SM2**Row Name:****Column Name:****Year:** 2006**Field Note:**

No screening has been done yet.

At this stage, there is already an agreement with the University of the Philippines Newborn Genetic Screening Program - where the genetic testing will be done. However, we are still threshing-out problems related to cargo and shipment. With the requirements on handling of specimens, the government of Palau through the Family Health Unit and the cargo based in Palau are still complying with the international policies.

STATE PERFORMANCE MEASURE # 3

Percent of adults women of reproductive age group whose BMI is over 27 are identified and provided on-site education and referred for weight management program.

<u>Annual Objective and Performance Data</u>					
	2004	2005	2006	2007	2008
Annual Performance Objective			60	65	70
Annual Indicator			0	0	0
Numerator					
Denominator					
Data Source					FHU Client Information System
Is the Data Provisional or Final?				Final	Provisional

<u>Annual Objective and Performance Data</u>					
	2009	2010	2011	2012	2013
Annual Performance Objective	75	80	85	90	90
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

Field Level Notes**1. Section Number:** Form11_State Performance Measure #3**Field Name:** SM3**Row Name:****Column Name:****Year:** 2008**Field Note:**

//2009/ - In 2008, FHU have proposed changes in the patient encounter form so that BMI information can be collected electronically. The information are collected in the patient's chart, however, electronic collection have not been successful. The reason why this should be monitored is to use it as an indication that MOH will need to adopt changes in its wellness services. Also over time, we will be able to see how BMI changes will implementation of evidence based intervention.//2010//

2. Section Number: Form11_State Performance Measure #3**Field Name:** SM3**Row Name:****Column Name:****Year:** 2007**Field Note:**

//2008/ - Starting this year (2007), process and forms are being put in place to get the BMI of women in reproductive age. Thus, we could not report any data on the weight of women in reproductive age at this time. However, it is worth to mention that there is heightened information and education campaign in terms of weight reduction, proper diet and exercise. This was primarily brought about by the World Health Organization's finding that Palau is one of the countries with high obesity. This is an initiative that FHU and community advocacy program will partner to establish in 2009.

3. Section Number: Form11_State Performance Measure #3**Field Name:** SM3**Row Name:****Column Name:****Year:** 2006**Field Note:**

Starting this year (2007), process and forms are being put in place to get the BMI of women in reproductive age. Thus, we could not report any data on the weight of women in reproductive age at this time. However, it is worth to mention that there is heightened information and education campaign in terms of weight reduction, proper diet and exercise. This was primarily brought about by the World Health Organization's finding that Palau is one of the countries with high obesity.

STATE PERFORMANCE MEASURE # 4

Percent of children in 1st to 12th grade who receive annual health screening

Annual Objective and Performance Data					
	2004	2005	2006	2007	2008
Annual Performance Objective			60	70	80
Annual Indicator		51	52.6	68.7	71.2
Numerator			1,131	1,365	1,307
Denominator			2,150	1,987	1,836
Data Source					School Health Screening Database
Is the Data Provisional or Final?				Final	Provisional

Annual Objective and Performance Data					
	2009	2010	2011	2012	2013
Annual Performance Objective	90	100	100	100	100
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

Field Level Notes**1. Section Number:** Form11_State Performance Measure #4**Field Name:** SM4**Row Name:****Column Name:****Year:** 2008**Field Note:**

//2009/ - In 2008, the coverage for health screening of all students in 1st, 3rd, 5th, 7th, 9th, 11th grades was 71%. The denominator reflect school enrollment for these grades. FHU/School Health continues to provide follow up care and interventions in the schools. Adolescent Collaborative group met earlier in 2008 to discuss the upcoming 2008-2009 school year and discussions on enhancement of current system of care is ongoing. With the addition of one social worker/counselor to the PE team, all public health social workers are assigned to all schools. Schools to identify staff to be the focal point of contact where social workers can communicate on a regular basis with. This process will ensure that all services to schools are well coordinated on a timely basis. Annual training focusing on interviewing skills and data collections of screening information are ongoing. A BMI calculator and software measuring hypertension stages was developed at end of last year and will be utilized this coming school year screening.//2010//

2. Section Number: Form11_State Performance Measure #4**Field Name:** SM4**Row Name:****Column Name:****Year:** 2007**Field Note:**

//2008/ - In 2007, for Family Health Unit/MCH, an annual school health screening is done. In 2005, it covered all grade levels. In 2007 those who were screened were 1st, 3rd, 5th, 7th, 9th and 11th grade levels only. In this reproductive health to 238 students; General Hygiene to 804 students, Alcohol, Tobacco and other Drugs to 450 students and education on screening, 1365 (68.7%) students were screened for health, psycho-social and substance abuse. At that particular period, there were a total of 3975 students in Palau in the odd grade levels. Primarily, this screening intends to identify those with health and psychosocial problems and provide immediate care or referral to appropriate agencies. With the results of the screening, the FHU/MCH was able to provide education on nutrition and physical activities to 841 students; Bullying to 445 students. Individual counseling was also given to 149 individuals. Also, 1209 students were referred to different health units at the National Belau Hospital for further diagnosis and management.

The denominator is a projected enrollment population for the grades screened in 2007.

The denominator for 2006 was edited to reflect population for the grades screened.

3. Section Number: Form11_State Performance Measure #4**Field Name:** SM4**Row Name:****Column Name:****Year:** 2006**Field Note:**

For the Family Health Unit/MCH, an annual school health screening is done. In 2005, it covered all grade levels. However, starting 2006 those who were screened were 3rd, 5th, 7th, 9th and 11th grade levels only. In this screening, 1131 students were screened for health, psycho-social and substance abuse. At that particular period, there were a total of 4,300 students in Palau in the odd grade levels. Primarily, this screening intends to identify those with health and psychosocial problems and provide immediate care or referral to appropriate agencies. With the results of the screening, the FHU/MCH was able to provide education on nutrition and physical activities to 342 students; reproductive health to 61 students; General Hygiene to 378 students, Alcohol, Tobacco and other Drugs to 347 students and education on Bullying to 306 students. Individual counseling was also given to 239 individuals. Also, 757 students were referred to different health units at the National Belau Hospital for further diagnosis and management.

Starting this school year (2007-2008), the screening will now include Grade 1.

STATE PERFORMANCE MEASURE # 5

The rate of depression for adolescents ages 11 - 19.

Annual Objective and Performance Data					
	2004	2005	2006	2007	2008
Annual Performance Objective			13	11	60
Annual Indicator		149.9	77.8	65.6	
Numerator		365	88	46	
Denominator		2,435	1,131	701	
Data Source					
Is the Data Provisional or Final?				Provisional	Provisional

Annual Objective and Performance Data					
	2009	2010	2011	2012	2013
Annual Performance Objective	55	50	45	40	40
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

Field Level Notes**1. Section Number:** Form11_State Performance Measure #5**Field Name:** SM5**Row Name:****Column Name:****Year:** 2008**Field Note:**

//2009/ - In 2008, Last Year: FHU continued to collaborate with its community partners in providing trainings and health education to help teens learn effective ways of coping with depression. Topics varies and includes relaxation exercises, social skills (problem solving skill, decision making skill, peer pressure, goal setting, stress management, communication, peer pressure, and self esteem. FHU also provided trainings to teachers and parents in recognizing depression and how to help children deal with depression. These trainings were provided in schools and during PTA's. We also worked with summer camp mentors in designing activities that incorporates life skill techniques into daily activities of camps. We continued to provide immediate interventions to children who needed such services and work closely with the schools and parents in addressing this measurement. FHU continues to work with the schools in improving our referral process to ensure that children who are depressed are provided with immediate interventions as needed.//2010//

2. Section Number: Form11_State Performance Measure #5**Field Name:** SM5**Row Name:****Column Name:****Year:** 2007**Field Note:**

//2008/ - In 2007, The School Health Screening showed that 41 per 1000 children (n=55) felt depressed out of 1349 that answered the question. For the group of 11-19, the rate of depression is more prominent than the pre-adolescent age.

3. Section Number: Form11_State Performance Measure #5**Field Name:** SM5**Row Name:****Column Name:****Year:** 2006**Field Note:**

The School Health Screening, 2006 showed that 78 per 1000 children (n=88) felt depressed among the 1131 screened. About 40.5% of the youth who participated in the YRBS, 2006 felt sad or hopeless. The rate is higher in females than in males with 46.4% and 33.6%, respectively.

Profile of individuals who committed suicide from 1999 to 2004 has shown that 16-20 years old ranked fourth among the age groups with highest cases of suicides (n=7) in Palau . Data representing the in-school youth of Palau have shown that 30.4% of the students had seriously considered attempting suicide with females having higher rate at 38% compared to males at 33.6%.

A qualitative study was done by UNICEF in the Pacific to appreciate the motivations behind suicide among the youth. Among the themes that were extracted from the study participants were the absence of persons to confide with about their problems and the anxiety that goes with the inability to meet the goals and the value systems between traditional with "modern" culture. However, the YRBS, 2006 also identified that 15.5% of the youth will seriously consider attempting suicide if they thought they had shamed themselves or their family.

STATE PERFORMANCE MEASURE # 6

The percentage of children and adolescents ages 18 and under who report using (smoke and/or chew) tobacco products in the past 30 days.

Annual Objective and Performance Data					
	2004	2005	2006	2007	2008
Annual Performance Objective			39	37	35
Annual Indicator		41	25.8		46.1
Numerator			292		602
Denominator			1,131		1,307
Data Source					School Health Screening Database
Is the Data Provisional or Final?				Provisional	Provisional

<u>Annual Objective and Performance Data</u>					
	2009	2010	2011	2012	2013
Annual Performance Objective	33	31	29	28	25
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

Field Level Notes**1. Section Number:** Form11_State Performance Measure #6**Field Name:** SM6**Row Name:****Column Name:****Year:** 2008**Field Note:**

//2010/-Substance use including Tobacco is part of the School Health Screening. Children who are substance users are provided targeted individual counseling and group therapy which are conducted at schools and school clinics. Health education focusing on tobacco prevention in the schools and the cessation programs and life skill curriculum are provided in collaboration with STUN. FHU in collaboration with Behavioral Health Department provided training to service providers on cessation program at school. FHU also worked with teachers and parents, SIG, NCD and Community Coalition against Substance Use to expand community presence on substance use and tobacco cessation.//2010//

2. Section Number: Form11_State Performance Measure #6**Field Name:** SM6**Row Name:****Column Name:****Year:** 2007**Field Note:**

//2008/- In 2007, we are reporting information from the 2007 YRBS. This percentage is pre-calculated and therefore, we do not have numbers for the numerator and the denominator. The trend of tobacco use in this population has been consistent for about 10 years now. Even with this pattern, there is a slight decrease from 2006.

3. Section Number: Form11_State Performance Measure #6**Field Name:** SM6**Row Name:****Column Name:****Year:** 2006**Field Note:**

The School Health Screening in 2006 showed that 258 (n=292) per 1000 students admitted to use of nicotine. In the 2006 YRBS, 37% (n=180) of those who participated in the study claimed to have smoked during the past 30 days. Of those who smoked, 61.1% (n=111) started smoking before reaching Grade 13.

To address the problem of smoking, the screening is closely coordinated with the Behavioral Health Division who runs the Youth Tobacco Cessation Clinic. Also, the Public Health Social Workers of the FHU/MCH provide education, individual and group counseling on substance abuse including cigarette use.

STATE PERFORMANCE MEASURE # 7

Percent of pregnant women entering prenatal care in the first trimester

<u>Annual Objective and Performance Data</u>					
	2004	2005	2006	2007	2008
Annual Performance Objective			67	72	36
Annual Indicator		62	25.5	33.3	42.4
Numerator			66	93	125
Denominator			259	279	295
Data Source					FHU Client Information System
Is the Data Provisional or Final?				Provisional	Provisional

<u>Annual Objective and Performance Data</u>					
	2009	2010	2011	2012	2013
Annual Performance Objective	39	42	45	48	50
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

Field Level Notes**1. Section Number:** Form11_State Performance Measure #7**Field Name:** SM7**Row Name:****Column Name:****Year:** 2008**Field Note:**

//2009/-We have been researching in the WHO website to further increase our knowledge on this measure. Because of changing requirement for the Pacific jurisdictions, we will be using this requirement as a baseline for data calculation. However, we will continue to calculate the Kotelchuck Index as a comparative reference. FHU continued to conduct community awareness on this measurement through ECCS.//2010//

2. Section Number: Form11_State Performance Measure #7**Field Name:** SM7**Row Name:****Column Name:****Year:** 2007**Field Note:**

//2008/- In 2007, First trimester initiation of prenatal care accounted 33.3% (n=93) of the 279 women who gave birth. The trend in this measure has been consistently low despite extensive community work to improve it and because of this trend, we have revised our next 5-year performance objective to reflect this low performance.

3. Section Number: Form11_State Performance Measure #7**Field Name:** SM7**Row Name:****Column Name:****Year:** 2006**Field Note:**

First trimester initiation of prenatal care accounted 25.5% (n=66) of the 259 women who gave birth in 2006 (Please refer to Performance Measure Number 18).

STATE PERFORMANCE MEASURE # 8

Percent of Pre-term delivery

<u>Annual Objective and Performance Data</u>					
	2004	2005	2006	2007	2008
Annual Performance Objective			6	5	4
Annual Indicator		7.5	10.8	9.0	8.5
Numerator		24	25	25	25
Denominator		319	231	279	295
Data Source					MOHMIS/Birth Certificates
Is the Data Provisional or Final?				Provisional	Provisional

<u>Annual Objective and Performance Data</u>					
	2009	2010	2011	2012	2013
Annual Performance Objective	3	2	2	2	2
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

Field Level Notes**1. Section Number:** Form11_State Performance Measure #8**Field Name:** SM8**Row Name:****Column Name:****Year:** 2007**Field Note:**

//2008/ - In 2007, there were 8.6% (n=25) of mothers who gave birth less than 37 weeks AOG and 91.4% gave birth at 37 weeks AOG or more. Prematurity increases neonatal mortality. Thus, the direction to reverse the high premature delivery is intended to have better neonatal and also maternal outcomes. At the same time, a focus on the prematurity will bring about review more frequently than the maternal mortality review which Palau has never had since no maternal death has occurred in the recent past.

2. Section Number: Form11_State Performance Measure #8**Field Name:** SM8**Row Name:****Column Name:****Year:** 2006**Field Note:**

There were 10.8% (n=25) of mothers who gave birth less than 37 weeks AOG and 89.2% gave birth at 37 weeks AOG or more. Prematurity increases neonatal mortality. Thus, the direction to reverse the high premature delivery is intended to have better neonatal and also maternal outcomes. At the same time, a focus on the prematurity will bring about review more frequently than the maternal mortality review which Palau has never had since no maternal death has occurred in the recent past.

Only 231 mothers were investigated as to AOG at birth since the other mothers had missing data.

STATE PERFORMANCE MEASURE # 9

Percent of parents/caretakers who report that their children with special healthcare needs receive quality health care

<u>Annual Objective and Performance Data</u>					
	2004	2005	2006	2007	2008
Annual Performance Objective			40	50	91
Annual Indicator		31	90.3	90.3	90.3
Numerator			65	65	65
Denominator			72	72	72
Data Source					SLAITS-like Survey
Is the Data Provisional or Final?				Provisional	Provisional

<u>Annual Objective and Performance Data</u>					
	2009	2010	2011	2012	2013
Annual Performance Objective	91.5	92	92.5	93	93
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

Field Level Notes**1. Section Number:** Form11_State Performance Measure #9**Field Name:** SM9**Row Name:****Column Name:****Year:** 2007**Field Note:**

//2008/ - For 2007, we are reporting similar data that was reported in 2006. Palau conducts its SLAITS-like survey every two years and data generated from this survey are used to populate data requirements for Title V Grant specifically on areas of children with special health care needs.

2. Section Number: Form11_State Performance Measure #9**Field Name:** SM9**Row Name:****Column Name:****Year:** 2006**Field Note:**

The Children with Special Health Care Needs Survey in 2007 showed that 90.2% (65/72) of primary care givers (family members) expressed that the doctors and other health care service providers have "always" and "some of the time" addressed issues and concerns of their children. Among the following issues with regard the doctors and other health care providers were: spent enough time with their child (93%); listened to you regarding your child's health/medical problems (91.7%); been sensitive to your family's values and traditions (84.3%); Given you enough information about your child's condition (88.9%); discussed with you concerns relating to your child's health (88.7%); showed you how to care for your child (93.1%); and Made you feel like an important partner in your child's care (91.5%).

FORM 12
TRACKING HEALTH OUTCOME MEASURES
[SECS 505 (A)(2)(B)(III) AND 506 (A)(2)(A)(III)]
STATE: PW

Form Level Notes for Form 12

None

OUTCOME MEASURE # 01

The infant mortality rate per 1,000 live births.

Annual Objective and Performance Data

	2004	2005	2006	2007	2008
Annual Performance Objective	8.5	7.5	7	6.5	6
Annual Indicator	30.9	18.9	7.7	7.1	6.8
Numerator	8	6	2	2	2
Denominator	259	317	259	281	295

Data Source

Check this box if you cannot report the numerator because
 1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer
 than 5 and therefore a 3-year moving average cannot be
 applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Provisional

Provisional

Annual Objective and Performance Data

	2009	2010	2011	2012	2013
Annual Performance Objective	6	6	5.9	5.9	5.9

Annual Indicator

Numerator

Denominator

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

Field Level Notes

1. **Section Number:** Form12_Outcome Measure 1

Field Name: OM01

Row Name:

Column Name:

Year: 2007

Field Note:

//2008/ - The infant mortality rate slightly came down from the 2006 rate. All infant deaths were due to congenital anomalies and pre-term delivery. There were also 2 fetal deaths which were also due to pre-term delivery and low-birth weight, under 1500 grams.

OUTCOME MEASURE # 02

The ratio of the black infant mortality rate to the white infant mortality rate.

Annual Objective and Performance Data

	2004	2005	2006	2007	2008
Annual Performance Objective	0	0	0	0	0
Annual Indicator	0	0.0	0.0	0.0	0.0
Numerator		0	0	0	0
Denominator		279	259	281	295

Data Source

Check this box if you cannot report the numerator because
 1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer
 than 5 and therefore a 3-year moving average cannot be
 applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

	Yes	Yes	Yes
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Final

Final

Annual Objective and Performance Data

	2009	2010	2011	2012	2013
Annual Performance Objective	0	0	0	0	0
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

Field Level Notes1. **Section Number:** Form12_Outcome Measure 2**Field Name:** OM02**Row Name:****Column Name:****Year:** 2007**Field Note:**

//2008/ - All Infant Deaths were of Pacific Islands ethnic group.

OUTCOME MEASURE # 03

The neonatal mortality rate per 1,000 live births.

Annual Objective and Performance Data

	2004	2005	2006	2007	2008
Annual Performance Objective	8.5	8	7.5	7	6.5
Annual Indicator	30.9	18.9	7.7	7.1	6.8
Numerator	8	6	2	2	2
Denominator	259	317	259	281	295

Data Source

Check this box if you cannot report the numerator because
 1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer
 than 5 and therefore a 3-year moving average cannot be
 applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

		Yes	Yes	Yes
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Final

Final

Annual Objective and Performance Data

	2009	2010	2011	2012	2013
Annual Performance Objective	6	5.8	5.7	5.5	5.5
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

Field Level Notes1. **Section Number:** Form12_Outcome Measure 3**Field Name:** OM03**Row Name:****Column Name:****Year:** 2007**Field Note:**

//2008/ - Both infants died within the first 24 hours of lives.

OUTCOME MEASURE # 04

The postneonatal mortality rate per 1,000 live births.

Annual Objective and Performance Data

	2004	2005	2006	2007	2008
Annual Performance Objective	3	3	3	3	0
Annual Indicator	0.0	0.0	0.0	0.0	0.0
Numerator	0	0	0	0	0
Denominator	259	317	259	279	295

Data Source

Check this box if you cannot report the numerator because
 1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

	Yes	Yes	Yes
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Final

Final

Annual Objective and Performance Data

	2009	2010	2011	2012	2013
Annual Performance Objective	0	0	0	0	0
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

Field Level Notes1. **Section Number:** Form12_Outcome Measure 4**Field Name:** OM04**Row Name:****Column Name:****Year:** 2007**Field Note:**

//2008/ - There was no postneonatal death for Palau in 2007.

OUTCOME MEASURE # 05

The perinatal mortality rate per 1,000 live births plus fetal deaths.

Annual Objective and Performance Data

	2004	2005	2006	2007	2008
Annual Performance Objective	15	13	11	11	10
Annual Indicator	38.6	25.2		14.1	3.4
Numerator	10	8		4	1
Denominator	259	317		283	296

Data Source

Check this box if you cannot report the numerator because
 1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer
 than 5 and therefore a 3-year moving average cannot be
 applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Yes

Annual Objective and Performance Data

	2009	2010	2011	2012	2013
Annual Performance Objective	10	8	8	7	7
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

Field Level Notes

1. Section Number: Form12_Outcome Measure 5

Field Name: OM05

Row Name:

Column Name:

Year: 2007

Field Note:

//2008/ - The perinatal mortality rate consists of 2 fetal and 2 infant deaths which occurred within the first 24 hours of life.

OUTCOME MEASURE # 06

The child death rate per 100,000 children aged 1 through 14.

Annual Objective and Performance Data

	2004	2005	2006	2007	2008
Annual Performance Objective	50	50	50	50	50
Annual Indicator	214.3	22.8		108.8	96.3
Numerator	10	1		5	5
Denominator	4,667	4,385		4,596	5,193

Data Source

Check this box if you cannot report the numerator because
 1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Yes Yes Yes

Final

Provisional

Annual Objective and Performance Data

	2009	2010	2011	2012	2013
Annual Performance Objective	50	40	40	40	50
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

Field Level Notes

1. **Section Number:** Form12_Outcome Measure 6

Field Name: OM06

Row Name:

Column Name:

Year: 2007

Field Note:

//2008/- In 2007, this rate reflect deaths as follows: two 11-year old males died from drowning, one 12-year old female died from cancer, one 14-year female who died as a result of suicide; and also a 14-year old male who died as a result of accidental electrocution. As a result of these deaths, there is now an intensive work between FHU and emergency health on injury including suicide and other psycho-social issues prevention.

2. **Section Number:** Form12_Outcome Measure 6

Field Name: OM06

Row Name:

Column Name:

Year: 2006

Field Note:

//2009/- For 2006 data, we are unable to repot.//2010//

STATE OUTCOME MEASURE # 1

Reduce perinatal death rate to less than 10 by 2010 +

Annual Objective and Performance Data					
	2004	2005	2006	2007	2008
Annual Performance Objective			22	18	15
Annual Indicator		25.1	26.4	14.2	10.1
Numerator		8	7	4	3
Denominator		319	265	281	296
Data Source					
Is the Data Provisional or Final?				Provisional	

<u>Annual Objective and Performance Data</u>					
	2009	2010	2011	2012	2013
Annual Performance Objective	10	7	7	7	
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

Field Level Notes

1. **Section Number:** Form12_State Outcome Measure 1

Field Name: SO1**Row Name:****Column Name:****Year:** 2007**Field Note:**

//2008/ - Palau in the past 2 years has been trying to establish a public health fetal and child death review process. FHU including pediatric services in the Belau National Hospital has a great interest in understanding risk factors that influences perinatal death. We still have to develop an argument that makes sense to the medical/clinical staff so that they can support this process. This may take more time and since neonatal hearing and genetic screening has been adopted, this death review process will have a chance in the near future. This rate reflects two fetal deaths and two infant deaths.

2. **Section Number:** Form12_State Outcome Measure 1

Field Name: SO1**Row Name:****Column Name:****Year:** 2006**Field Note:**

The perinatal mortality in 2006 (26.4 per 1000 live births) is a bit higher than 2005 (25.1 per 1000 live births) although the difference is not significant.

STATE OUTCOME MEASURE # 2

Reduce death to children under 24 years of age.

<u>Annual Objective and Performance Data</u>					
	2004	2005	2006	2007	2008
Annual Performance Objective					
Annual Indicator					1.8
Numerator					14
Denominator					7,708
Data Source					
Is the Data Provisional or Final?				Provisional	Provisional

<u>Annual Objective and Performance Data</u>					
	2009	2010	2011	2012	2013
Annual Performance Objective	1	1	1	1	1
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

Field Level Notes

None

FORM 13
CHARACTERISTICS DOCUMENTING FAMILY PARTICIPATION IN CSHCN PROGRAMS
STATE: PW

1. Family members participate on advisory committee or task forces and are offering training, mentoring, and reimbursement, when appropriate.

3

2. Financial support (financial grants, technical assistance, travel, and child care) is offered for parent activities or parent groups.

2

3. Family members are involved in the Children with Special Health Care Needs elements of the MCH Block Grant Application process.

2

4. Family members are involved in service training of CSHCN staff and providers.

3

5. Family members hired as paid staff or consultants to the State CSHCN program (a family member is hired for his or her expertise as a family member).

2

6. Family members of diverse cultures are involved in all of the above activities.

2

Total Score: 14

Rating Key

0 = Not Met

1 = Partially Met

2 = Mostly Met

3 = Completely Met

FORM NOTES FOR FORM 13

None

FIELD LEVEL NOTES

None

FORM 14
LIST OF MCH PRIORITY NEEDS

[Sec. 505(a)(5)]

STATE: PW FY: 2010

Your State's 5-year Needs Assessment should identify the need for preventive and primary care services for pregnant women, mothers, and infants; preventive and primary care services for children and services for Children with Special Health Care Needs. With each year's Block Grant application, provide a list (whether or not the priority needs change) of the top maternal and child health needs in your state. Using simple sentence or phrase, list below your State's needs. Examples of such statements are: "To reduce the barriers to the delivery of care for pregnant women, " and "The infant mortality rate for minorities should be reduced."

MCHB will capture annually every State's top 7 to 10 priority needs in an information system for comparison, tracking, and reporting purposes; you must list at least 7 and no more than 10. Note that the numbers listed below are for computer tracking only and are not meant to indicate priority order. If your State wishes to report more than 10 priority needs, list additional priority needs in a note at the form level.

1. To reduce perinatal death
2. To reduce injury of children and young adults (ages 0 to 35)
3. To reduce the use of tobacco and tobacco products among children and adolescents
4. To reduce the rate of depression among adolescents
5. To reduce the rate of death for adolescents and young adults under age 24
6. Reduce obesity among children under 14 years of age
7. Reduce depression rate in the general population
8. To provide health screen to all children in grades 1 to 12th and provide appropriate intervention.
9. To reduce the percentage of pre-term delivery to no more than 2 by 2010
10. To improve coordination and quality of care for children with special health care needs to at least 70% by 2010

FORM NOTES FOR FORM 14

None

FIELD LEVEL NOTES

None

FORM 15
TECHNICAL ASSISTANCE(TA) REQUEST

STATE: PW

APPLICATION YEAR: 2010

No.	Category of Technical Assistance Requested	Description of Technical Assistance Requested (max 250 characters)	Reason(s) Why Assistance Is Needed (max 250 characters)	What State, Organization or Individual Would You suggest Provide the TA (if known) (max 250 characters)
1.	Other If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: <u> N/A </u>	Program Evaluation & Needs Assessment	In preparation to transition leadership & NA Preparation	Dr. William Wood, University of Hawaii, SW, Dept.
2.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: <u> </u>			
3.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: <u> </u>			
4.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: <u> </u>			
5.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: <u> </u>			
6.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: <u> </u>			
7.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: <u> </u>			
8.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: <u> </u>			
9.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: <u> </u>			
10.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the			

	measure number here: _____			
11.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: _____			
12.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: _____			

FORM NOTES FOR FORM 15

None

FIELD LEVEL NOTES

None

FORM 16
STATE PERFORMANCE AND OUTCOME MEASURE DETAIL SHEET
STATE: PW

SP # 1

PERFORMANCE MEASURE:

Percent of 0-2 years of age who test positive for hearing defects that receive further evaluation and treatment

STATUS:

Active

GOAL

All children between 0 and 2 years of age will be screened for hearing for hearing defects

DEFINITION

To screen all children ages 0 - 2 for hearing defects in order to provide early medical, family and community-based intervention.

Numerator:

Number of children ages 0 - 2 who are test positive for hearing defects and are referred for further evaluation/treatment by specialists

Denominator:

All children ages 0 - 2 who are screened under the Universal Neonatal Hearing Screening and Intervention.

Units: 1000 **Text:** Rate

HEALTHY PEOPLE 2010 OBJECTIVE

Low and Very Low Birthweight exceeds Healthy People 2010 Objective

Children with Special Health Care Needs Program identifies children with hearing loss and learning problem as the most common disability in children of Palau

DATA SOURCES AND DATA ISSUES

Public Health Information System and Family Health Clinic Data Sources

SIGNIFICANCE

Identify children with hearing loss early so that intervention can be provided early on

SP # 2

PERFORMANCE MEASURE:

Percentage of newborns screened positive for genetic disorder who receive further evaluation and treatment

STATUS:

Active

GOAL

All neonates in Palau will be screened, diagnosed and treated for (identified) congenital anomalies

DEFINITION

Certain forms of congenital anomalies are treatable so that children can have normal lives. These anomalies are identified in the MCH Title V Guidelines

Numerator:

Number neonates positive for 5 program mandate genetic screening

Denominator:

Number of neonates screened for genetic disorder.

Units: 100 **Text:** Percent

HEALTHY PEOPLE 2010 OBJECTIVE

Objective relating to congenital screening

Objective relating to children with special health care needs requiring early identification, diagnosis and treatment

DATA SOURCES AND DATA ISSUES

Public Health Information System, Family Health Unit Information System

SIGNIFICANCE

Children are identified and intervention is provided early in life.

SP # 3

PERFORMANCE MEASURE:

Percent of adults women of reproductive age group whose BMI is over 27 are identified and provided on-site education and referred for weight management program.

STATUS:

Active

GOAL

Family Health Education will be provided in all communities of Palau regularly

DEFINITION

Increasing Family Health education in all communities as a means of increasing lay knowledge so that people can be better informed. This knowledge base can lead them to make better decisions about their health.

Numerator:

Number of women of reproductive age group whose BMI is over 27 who are screened and provided on-site intervention or referred for weight management.

Denominator:

Number of women of reproductive age group

Units: 100 **Text:** Percent

HEALTHY PEOPLE 2010 OBJECTIVE

Those objectives under NCD, Prenatal Care and Women of Reproductive Age Group.

DATA SOURCES AND DATA ISSUES

Monthly reports from CAP submitted each month to FHU Program

SIGNIFICANCE

This objective is to empower community people to be their own educators. They will be trained by Public Health Professionals so that they can carry accurate information in their community education activities

SP # 4

PERFORMANCE MEASURE:

Percent of children in 1st to 12th grade who receive annual health screening

STATUS:

Active

GOAL

All school aged children will receive annual health screening and those identified with health risk problem will be provided intervention.

DEFINITION

the physical examination consist of physical and psycho-social including substance use and behavioral examination of children.

Numerator:

All children who are provided this physical examination

Denominator:

All children in the age group of 06 to 19 years olds.

Units: 100 **Text:** Percent

HEALTHY PEOPLE 2010 OBJECTIVE

DATA SOURCES AND DATA ISSUES

school health screening database

SIGNIFICANCE

Reduction of health risk factors in adolescent and pre-adolescent population

SP # 5

PERFORMANCE MEASURE:

The rate of depression for adolescents ages 11 - 19.

STATUS:

Active

GOAL

All children identified with signs/symptoms of depression will be provided appropriate screening, evaluation and treatment.

DEFINITION

increasing rate of suicide of young people in Palau is a continued cause of concern for the leaders of Palau. Depression has been identified as one of the main reasons why young people in Palau attempt/commit suicide

Numerator:

children ages 11 - 19 who are identified with signs/symptoms of depression

Denominator:

Age group between 10 and 19

Units: 1000 **Text:** Rate

HEALTHY PEOPLE 2010 OBJECTIVE

DATA SOURCES AND DATA ISSUES

Public Health Information System; School Health Program Data Base

SIGNIFICANCE

Providing intervention early on and teaching children ways that they can deal with life issues

SP # 6

PERFORMANCE MEASURE:

The percentage of children and adolescents ages 18 and under who report using (smoke and/or chew) tobacco products in the past 30 days.

STATUS:

Active

GOAL

The rate of tobacco use among children and adolescents will be reduced to less than 5% in five years

DEFINITION

Tobacco use of minors have been shown to contribute to life time use pattern in adulthood. Tobacco use have been shown to contribute to many chronic illnesses in early adulthood

Numerator:

children and adolescent tobacco users (smoke and/or chew) in the past 30 days

Denominator:

all children in the age group (lowest user to 18 and under)

Units: 100 **Text:** Percent

HEALTHY PEOPLE 2010 OBJECTIVE

DATA SOURCES AND DATA ISSUES

YRBS, School Health Screening and Tobacco Youth Survey

SIGNIFICANCE

Yes as Palau has the highest rate of tobacco use in the nation for all age groups

SP # 7

PERFORMANCE MEASURE:

Percent of pregnant women entering prenatal care in the first trimester

STATUS:

Active

GOAL

Pregnant women will receive appropriate number of prenatal care that begins in the first trimester

DEFINITION

Prenatal care has been documented to play a great role in improved birth outcomes. Many problems associated with pregnancies can be managed so it does not negatively impact on the the birth and the process of birth. This measure is also a way we will use to improve birth outcomes for pregnant women.

Numerator:

Number of birthing mothers for the year

Denominator:

Number of prenatal clinics attended

Units: 100 **Text:** Percent

HEALTHY PEOPLE 2010 OBJECTIVE

DATA SOURCES AND DATA ISSUES

Public Health Information System; FHU Clinic Data Base

SIGNIFICANCE

Yes as First Trimester entry has consistently been low.

SP # 8

PERFORMANCE MEASURE:

Percent of Pre-term delivery

STATUS:

Active

GOAL

Pregnant women will have term labor

DEFINITION

Pre-term delivery is a major contributor to neonatal and fetal deaths. This has been on the rise in the past five years and may continue to affect child death rate if it is not stopped.

Numerator:

preterm delivery

Denominator:

all deliveries for the year

Units: 100 **Text:** Percent

HEALTHY PEOPLE 2010 OBJECTIVE

Infant, Fetal and Neonatal Death

DATA SOURCES AND DATA ISSUES

Birth and death certificates/fetal death certificates

SIGNIFICANCE

Yes. strategy for impacting of IMR

SP # <u>9</u>	
PERFORMANCE MEASURE:	Percent of parents/caretakers who report that their children with special healthcare needs receive quality health care
STATUS:	Active
GOAL	CSHCN will have access to quality health care
DEFINITION	<p>Quality of Care generally determines the success or unsuccessful of health systems in the eyes of clients and care takers. This will be measures by several qualifying questions that are asked in a SLAITS-like survey that is conducted every two years.</p> <p>Numerator: Number of positive response to the Quality of Care Question</p> <p>Denominator: Number of clients surveyed for the given year.</p> <p>Units: 100 Text: Percent</p>
HEALTHY PEOPLE 2010 OBJECTIVE	NPMs1 - 5.
DATA SOURCES AND DATA ISSUES	SLAITS like survey
SIGNIFICANCE	Yes. One indicator of client satisfaction of health care

SO # 1

OUTCOME MEASURE: Reduce perinatal death rate to less than 10 by 2010 +
STATUS: Active
GOAL Positive birth outcome for mother and child.
DEFINITION Fetal death including deaths prior to 28 days of life
Numerator:
all perinatal deaths
Denominator:
all live births for given year
Units: 1000 **Text:** Rate

HEALTHY PEOPLE 2010 OBJECTIVE

DATA SOURCES AND DATA ISSUES fetal and infant death records
SIGNIFICANCE Reduction of infant and fetal death. improvement of birth outcomes.

SO # 2

OUTCOME MEASURE:

Reduce death to children under 24 years of age.

STATUS:

Active

GOAL

To reduce the deaths to children under 24 years of age.

DEFINITION

Reducing death to children from 24 years of age from all causes.

Numerator:

All deaths to children ages 24 and under.

Denominator:

Population for ages 0-24.

Units: 1000 **Text:** Rate

HEALTHY PEOPLE 2010 OBJECTIVE deaths of all causes to children 0-24 years of age.

DATA SOURCES AND DATA ISSUES Death Certificate

SIGNIFICANCE Reduction in death rate and quality of life issues.

FORM NOTES FOR FORM 16

None

FIELD LEVEL NOTES

None

FORM 17
HEALTH SYSTEMS CAPACITY INDICATORS
FORMS FOR HSCI 01 THROUGH 04, 07 & 08 - MULTI-YEAR DATA
STATE: PW

Form Level Notes for Form 17

//2010/ 2006 and 2007 data were populated with 2005 data. We did this to enable us to get out of the screen. The systems keep demanding figures, if we do not put #'s it does not close, continue to receive error message.//2010//

HEALTH SYSTEMS CAPACITY MEASURE # 01

The rate of children hospitalized for asthma (ICD-9 Codes: 493.0 -493.9) per 10,000 children less than five years of age.

	2004	2005	<u>Annual Indicator Data</u>		
	2006	2007	2008		
Annual Indicator	73.1	44.0	14.6	28.9	28.7
Numerator	11	6	2	4	4
Denominator	1,504	1,363	1,374	1,385	1,396

Check this box if you cannot report the numerator because
 1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Provisional

Provisional

Field Level Notes

1. **Section Number:** Form17_Health Systems Capacity Indicator #01

Field Name: HSC01

Row Name:

Column Name:

Year: 2008

Field Note:

//2009/- Data not available for reporting year 2008. We are prepopulating this data with year 2007 data. We foresee that 2008 data will be available in December 2009.//2010//

2. **Section Number:** Form17_Health Systems Capacity Indicator #01

Field Name: HSC01

Row Name:

Column Name:

Year: 2007

Field Note:

//2008/- In 2007 there were 271 admissions for Upper Respiratory Infections in all age groups. 4 children with a discharge diagnosis of Asthma in the under 5 age group were admitted to the hospital with discharge diagnosis of Asthma. When compared with 2006, there is an increase in cases, however, we believe that the health system has improved dramatically so that many cases are handled in the Out Patient and Urgent Care to avoid hospital admissions.

3. **Section Number:** Form17_Health Systems Capacity Indicator #01

Field Name: HSC01

Row Name:

Column Name:

Year: 2006

Field Note:

In 2006, there were only 2 cases of asthma that are below five (5) years old admitted at the Belau National Hospital. This brings the rate at 14.5 per 10,000 population in this age group. This is lower than the goal of 25 per 10,000 in the Healthy People 2010 Objectives.

What this rate also means is that children in Palau received quality preventive care. With the intensive health promotion and education, patients and primary care givers have likely modified their behaviors and improved access to health care such that only very few of children with asthma require hospitalization. As primary care givers understand Asthma, it is likely that preventive behaviors could have been adopted like choice of food, control of the environment etc.

This rate can also be an alternate indicator of access to medicines of children since asthmatic patients. Without medications, those with asthma are likely to develop Acute Exacerbation or one of the complications - Status Asthmaticus -requiring hospitalization.

Tracking of the number of asthmatic patients in this age group admitted at the hospital is done with the database of the Medical Department.

HEALTH SYSTEMS CAPACITY MEASURE # 02

The percent Medicaid enrollees whose age is less than one year during the reporting year who received at least one initial periodic screen.

	Annual Indicator Data				
	2004	2005	2006	2007	2008
Annual Indicator	<u>0.0</u>	<u>0.0</u>	<u> </u>	<u> </u>	<u> </u>
Numerator	<u>0</u>	<u>0</u>	<u> </u>	<u> </u>	<u> </u>
Denominator	<u>259</u>	<u>317</u>	<u> </u>	<u> </u>	<u> </u>

Check this box if you cannot report the numerator because
 1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Final

Field Level Notes

1. **Section Number:** Form17_Health Systems Capacity Indicator #02

Field Name: HSC02

Row Name:

Column Name:

Year: 2008

Field Note:

//2010/-Although Palau does not participate in the Medicaid Program, Well-baby Services are provided routinely with scheduled childhood immunization. Therefore, there are well-baby clinic at 2 wks after birth, 3 moths, 6 months and 12 months during the first year of life.

These well baby services include but not limited to physical and developmental assessments. Health education with parents on various topics from breastfeeding, childhood nutrition, child development stages are also done during these well-baby services.//2010//

2. **Section Number:** Form17_Health Systems Capacity Indicator #02

Field Name: HSC02

Row Name:

Column Name:

Year: 2007

Field Note:

//2008/- Although Palau does not participate in the Medicaid Program, Well-baby Services are provided routinely with scheduled childhood immunization. Therefore, there are well-baby clinic at 2 wks after birth, 3 moths, 6 months and 12 months during the first year of life.

These well baby services include but not limited to physical and developmental assessments. Health education with parents on various topics from breastfeeding, childhood nutrition, child development stages are also done during these well-baby services.

3. **Section Number:** Form17_Health Systems Capacity Indicator #02

Field Name: HSC02

Row Name:

Column Name:

Year: 2006

Field Note:

Palau does not participate in the Medicaid Program.

HEALTH SYSTEMS CAPACITY MEASURE # 03

The percent State Childrens Health Insurance Program (SCHIP) enrollees whose age is less than one year during the reporting year who received at least one periodic screen.

	Annual Indicator Data				
	2004	2005	2006	2007	2008
Annual Indicator	<u>0.0</u>	<u>0.0</u>	<u>0.0</u>	<u> </u>	<u> </u>
Numerator	<u>0</u>	<u>0</u>	<u>0</u>	<u> </u>	<u> </u>
Denominator	<u>259</u>	<u>311</u>	<u>259</u>	<u> </u>	<u> </u>

Check this box if you cannot report the numerator because
 1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Provisional

Field Level Notes

1. **Section Number:** Form17_Health Systems Capacity Indicator #03

Field Name: HSC03

Row Name:

Column Name:

Year: 2008

Field Note:

//2010/-Although Palau does not participate in the SCHIP Program, Well-baby Services are provided routinely with scheduled childhood immunization. Therefore, there are well-baby clinic at 2 wks after birth, 3 moths, 6 months and 12 months during the first year of life.

These well baby services include but not limited to physical and developmental assessments. Health education with parents on various topics from breastfeeding, childhood nutrition, child development stages are also done during these well-baby services.//2010//

2. **Section Number:** Form17_Health Systems Capacity Indicator #03

Field Name: HSC03

Row Name:

Column Name:

Year: 2007

Field Note:

//2008/ - Palau does not participate in the SCHIP, however, please refer to HSCI 02 for clarification on well-baby services.

3. **Section Number:** Form17_Health Systems Capacity Indicator #03

Field Name: HSC03

Row Name:

Column Name:

Year: 2006

Field Note:

Palau does not participate in the SCHIP Program.

HEALTH SYSTEMS CAPACITY MEASURE # 04

The percent of women (15 through 44) with a live birth during the reporting year whose observed to expected prenatal visits are greater than or equal to 80 percent on the Kotelchuck Index.

		Annual Indicator Data			
	2004	2005	2006	2007	2008
Annual Indicator	<u>42</u>	<u>30</u>	<u>27.8</u>	<u>22.9</u>	<u>32.5</u>
Numerator	<u></u>	<u></u>	<u>72</u>	<u>64</u>	<u>53</u>
Denominator	<u></u>	<u></u>	<u>259</u>	<u>279</u>	<u>163</u>
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied. <i>(Explain data in a year note. See Guidance, Appendix IX.)</i>					
Is the Data Provisional or Final?				Final	Provisional

Field Level Notes**1. Section Number:** Form17_Health Systems Capacity Indicator #04**Field Name:** HSC04**Row Name:****Column Name:****Year:** 2008**Field Note:**

//2009/ - In 2008, of the 295 live births, 55% (n=163) were born to women receiving prenatal care in the first trimester. The first trimester entry to prenatal care is further qualified using the Kotelchuck Index or the WHO definition for "appropriateness" of prenatal care. Using these two measures, indicate that the performance indicator has been improving since 2006, along with the appropriateness of the care, based on the Kotelchuck Index. This index shows that on 32.5% of the women who entered prenatal care in the first trimester received the appropriate number of care throughout the pregnancy (=10 prenatal visits). Those who received between 7 and 10 prenatal care/visits during pregnancy was 24% while those who received less than 6 visits throughout the pregnancy was 58%. Utilizing the WHO Standard for adequacy of prenatal care, indicates that 83% of women during this time, had 4 or more prenatal care during pregnancy. The WHO appropriateness of prenatal care measurement does not consider the first trimester entry into prenatal care.//2010//

2. Section Number: Form17_Health Systems Capacity Indicator #04**Field Name:** HSC04**Row Name:****Column Name:****Year:** 2007**Field Note:**

//2008/ - Beginning with the 2007 annual report, the Pacific Basin Jurisdictions may have changed to the World Health Organization (WHO) standard rather than the Kotelchuck Index to report indicator data for HSC104. The WHO standard recommends as essential that pregnant women make four prenatal care visits. Reviewing the initiation and the number of prenatal visits of the 279 mothers who had live births in 2007, 22.9% (n=64) had Kotelchuck Index of equal to or greater than 80%. This represents the Adequate and Adequate Plus Kotelchuck Index which was calculated based on the month prenatal care begins and adequacy of the prenatal care visits. The underlying assumption is that the earlier the initiation, the earlier the identification of health and pregnancy-related problems. On the other hand, the ACOG recommended number of visits ensures determination of the progress of pregnancy. Thus, adequacy of prenatal care is achieved which improves on pregnancy outcomes including reduction of infant mortality. The current Kotelchuck Index of 22.9% of $\geq 80\%$ is low. Of this number, 36% began prenatal services in the first trimester. This is a challenge to the MCH Program to improve on. There are reasons to believe that the situation can be reversed since the fundamentals in delivery of care are in place. Palau's health system allows it to reach to far areas through a decentralized health care and the spread of the Dispensaries outside the capital of Koror. Intensive community campaigns put high premium on family health including pregnancy. Access to health care is directed by policies within Palau that care should be made available to those who are in need of it. In the next coming year, the hiring of another OB-Gynecologist who is more community-based would improve greatly the care of pregnant women. Notes: Revisions were made in the computation of expected prenatal visits. On the old computation, expected number of visits per pregnancy was based on the assumption of 40 weeks Age of Gestation (AOG) which is 14 visits, while in the revised computation, expected number of prenatal visits was based on the actual AOG. For example: initiation of Prenatal began in the 23rd week of pregnancy, total number of visits is 4, and AOG is 35 weeks. In the first computation, with the assumption of AOG of 40 weeks, expected number of visits is 9. This results to the percentage of prenatal visit at 44.4% (4/9). In the revised computation, AOG of 35 weeks has an expected number of prenatal visits of 13, and with the initial visit at 23 weeks, there are 5 missed visits. So the expected number of prenatal visits is 8 (13-5). This results to the percentage of prenatal visit at 50% (4/8). Revisions in computation resulted to an increase in the percentage of Intermediate Care from 20.1% to 20.8% and a decrease in the percentage of Inadequate Care from 57% to 56.3%.

3. Section Number: Form17_Health Systems Capacity Indicator #04**Field Name:** HSC04**Row Name:****Column Name:****Year:** 2006**Field Note:**

Reviewing the initiation and the number of prenatal visits of the 259 mothers who had live births in 2006, 27.8% (n=72) had Kotelchuck Index of equal to or greater than 80%. This represents the Adequate and Adequate Plus Kotelchuck Index which was calculated based on the month prenatal care begins and adequacy of the prenatal care visits. The underlying assumption is that the earlier the initiation, the earlier the identification of health and pregnancy-related problems. On the other hand, the ACOG recommended number of visits ensures determination of the progress of pregnancy. Thus, adequacy of prenatal care is achieved which improves on pregnancy outcomes including reduction of infant mortality.

The current Kotelchuck Index of 27.8% of $\geq 80\%$ is low. This is a challenge to the MCH Program to improve on. There are reasons to believe that the situation can be reversed since the fundamentals in delivery of care are in place. Palau's health system allows it to reach to far areas through a decentralized health care and the spread of the Dispensaries outside the capital of Koror. Intensive community campaigns put high premium on family health including pregnancy. Access to health care is directed by policies within Palau that care should be made available to those who are in need of it. In the next coming year, the hiring of another OB-Gynecologist who is more community-based would improve greatly the care of pregnant women.

HEALTH SYSTEMS CAPACITY MEASURE # 07A

Percent of potentially Medicaid-eligible children who have received a service paid by the Medicaid Program.

	2004	2005	Annual Indicator Data		2008
			2006	2007	
Annual Indicator	0	0	0	0	
Numerator					
Denominator					
Check this box if you cannot report the numerator because					
1. There are fewer than 5 events over the last year, and					
2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.					
(Explain data in a year note. See Guidance, Appendix IX.)					
Is the Data Provisional or Final?					
				Provisional	Final

Field Level Notes

- Section Number:** Form17_Health Systems Capacity Indicator #07A
Field Name: HSC07A
Row Name:
Column Name:
Year: 2008
Field Note:
/2010/- Data not available for reporting year 2008. We are prepopulating this data with year 2007 data. We foresee that 2008 data will be available in December 2009 ./2010
- Section Number:** Form17_Health Systems Capacity Indicator #07A
Field Name: HSC07A
Row Name:
Column Name:
Year: 2007
Field Note:
/2008/- Percent of potentially Medicaid-eligible children who have received a service paid by the Medicaid Program.

Medicaid is not available in Palau./2008//
- Section Number:** Form17_Health Systems Capacity Indicator #07A
Field Name: HSC07A
Row Name:
Column Name:
Year: 2006
Field Note:
Medicaid is not available in Palau.

HEALTH SYSTEMS CAPACITY MEASURE # 07B

The percent of EPSDT eligible children aged 6 through 9 years who have received any dental services during the year.

	Annual Indicator Data				
	2004	2005	2006	2007	2008
Annual Indicator	0	91.6	91.6	91.6	
Numerator		480	480	480	
Denominator		524	524	524	

Check this box if you cannot report the numerator because
 1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Provisional

Field Level Notes

1. Section Number: Form17_Health Systems Capacity Indicator #07B

Field Name: HSC07B

Row Name:

Column Name:

Year: 2008

Field Note:

//2010/-Although Palau does not participate in the Medicaid Program, Well-baby Services are provided routinely with scheduled childhood immunization. Therefore, there are well-baby clinic at 2 wks after birth, 3 months, 6 months and 12 months during the first year of life.

These well baby services include but not limited to physical and developmental assessments. Health education with parents on various topics from breastfeeding, childhood nutrition, child development stages are also done during these well-baby services.//2010//

2. Section Number: Form17_Health Systems Capacity Indicator #07B

Field Name: HSC07B

Row Name:

Column Name:

Year: 2007

Field Note:

//009/- The percent of EPSDT eligible children Medicaid aged 6 through 9 years who have received any dental services during the year.

Palau does not have Medicaid Program. This indicator cannot be reported. However, there is an annual School Health Screening Program that also includes dental screening, referral and follow-up. In 2007, 1365 children from Headstart, 1st, 3rd, 5th, 7th, 9th, and 11th grades were assessed for dental caries/cavities. 35% of all these children were found to have caries/cavities on at least 1 tooth. All these children were referred to the Division of Dental Health for care.//2009//

3. Section Number: Form17_Health Systems Capacity Indicator #07B

Field Name: HSC07B

Row Name:

Column Name:

Year: 2006

Field Note:

//2008/Palau does not have Medicaid Program. This indicator cannot be reported. However, there is an annual School Health Screening Program that also includes dental screening, referral and follow-up.//2008//

HEALTH SYSTEMS CAPACITY MEASURE # 08

The percent of State SSI beneficiaries less than 16 years old receiving rehabilitative services from the State Children with Special Health Care Needs (CSHCN) Program.

	Annual Indicator Data				
	2004	2005	2006	2007	2008
Annual Indicator	0	53.2			
Numerator		160			
Denominator		301			
<p>Check this box if you cannot report the numerator because</p> <p>1. There are fewer than 5 events over the last year, and</p> <p>2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.</p> <p>(Explain data in a year note. See Guidance, Appendix IX.)</p>					
Is the Data Provisional or Final?				Final	Provisional

Field Level Notes

1. **Section Number:** Form17_Health Systems Capacity Indicator #08

Field Name: HSC08

Row Name:

Column Name:

Year: 2008

Field Note:

//2010/- Palau does not have State SSI Program. We cannot report on this indicator. However, in 2008 there were a total of 685 children with special health care needs and out of this number, 348 were children with special needs. Under current service system, children with special needs who require rehabilitative services are provided care by the special education program, however, the Belau National Hospital rehabilitative services unit provide consultation services to special education on a case by case basis//2010//

2. **Section Number:** Form17_Health Systems Capacity Indicator #08

Field Name: HSC08

Row Name:

Column Name:

Year: 2007

Field Note:

//2008/-Palau does not have State SSI Program. We cannot report on this indicator. However, in 2006 there were a total of 757 children with special health care needs. Under current service system, children with special needs who require rehabilitative services are provided care by the special education program, however, the Belau National Hospital rehabilitative services unit provide consultation services to special education on a case by case basis.

3. **Section Number:** Form17_Health Systems Capacity Indicator #08

Field Name: HSC08

Row Name:

Column Name:

Year: 2006

Field Note:

Palau does not have State SSI Program. We cannot report on this indicator. However, in 2006 there were a total of 757 children with special health care needs. We could not determine proportion of those who needed and received rehabilitative services.

FORM 18
HEALTH SYSTEMS CAPACITY INDICATOR #05
(MEDICAID AND NON-MEDICAID COMPARISON)
STATE: PW

INDICATOR #05 <i>Comparison of health system capacity indicators for Medicaid, non-Medicaid, and all MCH populations in the State</i>	YEAR	DATA SOURCE	POPULATION		
			MEDICAID	NON-MEDICAID	ALL
a) <i>Percent of low birth weight (< 2,500 grams)</i>	2008	Payment source from birth certificate	<u>0</u>	<u>7.8</u>	<u>7.8</u>
b) <i>Infant deaths per 1,000 live births</i>	2008	Matching data files	<u>0</u>	<u>6.7</u>	<u>6.7</u>
c) <i>Percent of infants born to pregnant women receiving prenatal care beginning in the first trimester</i>	2008	Matching data files	<u>0</u>	<u>55.3</u>	<u>55.3</u>
d) <i>Percent of pregnant women with adequate prenatal care(observed to expected prenatal visits is greater than or equal to 80% [Kotelchuck Index])</i>	2008	Matching data files	<u>0</u>	<u>32.5</u>	<u>32.5</u>

FORM 18
HEALTH SYSTEMS CAPACITY INDICATOR #06(MEDICAID ELIGIBILITY LEVEL)
STATE: PW

INDICATOR #06 <i>The percent of poverty level for eligibility in the State's Medicaid programs for infants (0 to 1), children, Medicaid and pregnant women.</i>	YEAR	PERCENT OF POVERTY LEVEL MEDICAID (Valid range: 100-300 percent)
a) <i>Infants (0 to 1)</i>		_____
b) <i>Medicaid Children</i> (Age range _____ to _____) (Age range _____ to _____) (Age range _____ to _____)		_____ _____ _____
c) <i>Pregnant Women</i>		_____

FORM 18
HEALTH SYSTEMS CAPACITY INDICATOR #06(SCHIP ELIGIBILITY LEVEL)
STATE: PW

INDICATOR #06 <i>The percent of poverty level for eligibility in the State's SCHIP programs for infants (0 to 1), children, SCHIP and pregnant women.</i>	YEAR	PERCENT OF POVERTY LEVEL SCHIP
a) <i>Infants (0 to 1)</i>		_____
b) <i>Medicaid Children</i> (Age range _____ to _____) (Age range _____ to _____) (Age range _____ to _____)		_____ _____ _____
c) <i>Pregnant Women</i>		_____

FORM NOTES FOR FORM 18

/2010/ - In 2008, based on the Republic of Palau census of 2000 and 2005, over 90% of the population is under the U.S. Poverty Income guidelines. Medicaid is not available in Palau and therefore, Palau is not reporting for this measure.//2010//

FIELD LEVEL NOTES

1. **Section Number:** Form18_Indicator 06 - Medicaid
Field Name: Med_Infant
Row Name: Infants
Column Name:
Year: 2010
Field Note:
/2010/ - In 2008, based on the Republic of Palau census of 2000 and 2005, over 90% of the population is under the U.S. Poverty Income guidelines. Medicaid is not available in Palau and therefore, Palau is not reporting for this measure.//2010//
2. **Section Number:** Form18_Indicator 06 - Medicaid
Field Name: Med_Children
Row Name: Medicaid Children
Column Name:
Year: 2010
Field Note:
/2010/ - In 2008, based on the Republic of Palau census of 2000 and 2005, over 90% of the population is under the U.S. Poverty Income guidelines. Medicaid is not available in Palau and therefore, Palau is not reporting for this measure.//2010//
3. **Section Number:** Form18_Indicator 06 - Medicaid
Field Name: Med_Women
Row Name: Pregnant Women
Column Name:
Year: 2010
Field Note:
/2010/ - In 2008, based on the Republic of Palau census of 2000 and 2005, over 90% of the population is under the U.S. Poverty Income guidelines. Medicaid is not available in Palau and therefore, Palau is not reporting for this measure.//2010//
4. **Section Number:** Form18_Indicator 06 - SCHIP
Field Name: SCHIP_Infant
Row Name: Infants
Column Name:
Year: 2010
Field Note:
/2009/ Palau does not participate in the SCHIP program.//2010//
5. **Section Number:** Form18_Indicator 06 - SCHIP
Field Name: SCHIP_Children
Row Name: SCHIP Children
Column Name:
Year: 2010
Field Note:
2009/ Palau does not participate in the SCHIP program.//2010//
6. **Section Number:** Form18_Indicator 06 - SCHIP
Field Name: SCHIP_Women
Row Name: Pregnant Women
Column Name:
Year: 2010
Field Note:
2009/ Palau does not participate in the SCHIP program.//2010//

FORM 19
HEALTH SYSTEMS CAPACITY INDICATOR - REPORTING AND TRACKING FORM
STATE: PW

HEALTH SYSTEMS CAPACITY INDICATOR #09A (General MCH Data Capacity)
(The Ability of the State to Assure MCH Program Access to Policy and Program Relevant Information)

DATABASES OR SURVEYS	Does your MCH program have the ability to obtain data for program planning or policy purposes in a timely manner? (Select 1 - 3) *	Does your MCH program have Direct access to the electronic database for analysis? (Select Y/N)
ANNUAL DATA LINKAGES		
Annual linkage of infant birth and infant death certificates	2	Yes
Annual linkage of birth certificates and Medicaid Eligibility or Paid Claims Files	1	No
Annual linkage of birth certificates and WIC eligibility files	1	No
Annual linkage of birth certificates and newborn screening files	3	Yes
REGISTRIES AND SURVEYS		
Hospital discharge survey for at least 90% of in-State discharges	1	Yes
Annual birth defects surveillance system	2	Yes
Survey of recent mothers at least every two years (like PRAMS)	3	Yes

*Where:
1 = No, the MCH agency does not have this ability.
2 = Yes, the MCH agency sometimes has this ability, but not on a consistent basis.
3 = Yes, the MCH agency always has this ability.

FORM 19
HEALTH SYSTEMS CAPACITY INDICATOR - REPORTING AND TRACKING FORM
STATE: PW

DATA SOURCES	Does your state participate in the YRBS survey? (Select 1 - 3)*	Does your MCH program have direct access to the state YRBS database for analysis? (Select Y/N)
Youth Risk Behavior Survey (YRBS)	3	No
Other: Youth Tobacco Survey	3	No
School Health Screening & Intervention	3	Yes

*Where:
1 = No
2 = Yes, the State participates but the sample size is not large enough for valid statewide estimates for this age group.
3 = Yes, the State participates and the sample size is large enough for valid statewide estimates for this age group.

Notes:
1. HEALTH SYSTEMS CAPACITY INDICATOR #09B was formerly reported as Developmental Health Status Indicator #05.

FORM NOTES FOR FORM 19

None

FIELD LEVEL NOTES

None

FORM 20
HEALTH STATUS INDICATORS #01-#05
MULTI-YEAR DATA
STATE: PW

Form Level Notes for Form 11

None

HEALTH STATUS INDICATOR MEASURE # 01A

The percent of live births weighing less than 2,500 grams.

	Annual Indicator Data				
	2004	2005	2006	2007	2008
Annual Indicator	<u>12.4</u>	<u>6.8</u>	<u>9.7</u>	<u>9.0</u>	<u>7.8</u>
Numerator	<u>32</u>	<u>19</u>	<u>25</u>	<u>25</u>	<u>23</u>
Denominator	<u>259</u>	<u>279</u>	<u>259</u>	<u>279</u>	<u>295</u>

Check this box if you cannot report the numerator because
 1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer
 than 5 and therefore a 3-year moving average cannot be
 applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Provisional

Field Level Notes

- Section Number:** Form20_Health Status Indicator #01A

Field Name: HSI01A

Row Name:

Column Name:

Year: 2007

Field Note:

//2008/- In 2007, nine percent (n=25) of the 279 live births weighed less than 2,500 grams which is a slightly lower than 2006. The rest weighed equal to or more than 2,500 grams.

- Section Number:** Form20_Health Status Indicator #01A

Field Name: HSI01A

Row Name:

Column Name:

Year: 2006

Field Note:

Ten percent (n=25) of the 259 live births in 2006 weighed less than 2,500 grams. The rest weighed equal to or more than 2,500 grams.

HEALTH STATUS INDICATOR MEASURE # 01B

The percent of live singleton births weighing less than 2,500 grams.

	Annual Indicator Data				
	2004	2005	2006	2007	2008
Annual Indicator	<u>10.0</u>	<u>5.4</u>	<u>9.7</u>	<u>7.5</u>	<u>7.8</u>
Numerator	<u>26</u>	<u>15</u>	<u>25</u>	<u>21</u>	<u>23</u>
Denominator	<u>259</u>	<u>279</u>	<u>259</u>	<u>279</u>	<u>295</u>

Check this box if you cannot report the numerator because
 1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Provisional

Field Level Notes

- Section Number:** Form20_Health Status Indicator #01B

Field Name: HSI01B

Row Name:

Column Name:

Year: 2007

Field Note:

//2008/- In 2007, there are twenty one singleton births weighing less than 2500 grams. This brings the proportion of those who weighed less than 2500 grams at 7.5%.

- Section Number:** Form20_Health Status Indicator #01B

Field Name: HSI01B

Row Name:

Column Name:

Year: 2006

Field Note:

There are twenty singleton births weighing less than 2500 grams. This brings the proportion of those who weighed less than this at 10%.

HEALTH STATUS INDICATOR MEASURE # 02A

The percent of live births weighing less than 1,500 grams.

		Annual Indicator Data			
	2004	2005	2006	2007	2008
Annual Indicator	<u>2.3</u>	<u>1.1</u>	<u>0.0</u>	<u>0.4</u>	<u>0.0</u>
Numerator	<u>6</u>	<u>3</u>	<u>0</u>	<u>1</u>	<u>0</u>
Denominator	<u>259</u>	<u>279</u>	<u>259</u>	<u>279</u>	<u>295</u>
Check this box if you cannot report the numerator because					
1. There are fewer than 5 events over the last year, and					
2. The average number of events over the last 3 years is fewer					
than 5 and therefore a 3-year moving average cannot be					
applied.			<u>Yes</u>	<u>Yes</u>	<u>Yes</u>
(Explain data in a year note. See Guidance, Appendix IX.)					
Is the Data Provisional or Final?				<u>Final</u>	<u>Provisional</u>

Field Level Notes

- Section Number:** Form20_Health Status Indicator #02A

Field Name: HSI02A**Row Name:****Column Name:****Year:** 2007**Field Note:**

//2008/- In 2007, one (1) newborn in 2007 weighed less than 1,500 grams. This baby was preterm and the mother was within the high risk age group. The baby died within the neonate period.

- Section Number:** Form20_Health Status Indicator #02A

Field Name: HSI02A**Row Name:****Column Name:****Year:** 2006**Field Note:**

None of the newborns in 2006 weighed less than 1,500 grams.

HEALTH STATUS INDICATOR MEASURE # 02B

The percent of live singleton births weighing less than 1,500 grams.

		Annual Indicator Data			
	2004	2005	2006	2007	2008
Annual Indicator	<u>1.5</u>	<u>1.1</u>	<u>0.0</u>	<u>0.4</u>	<u>0.0</u>
Numerator	<u>4</u>	<u>3</u>	<u>0</u>	<u>1</u>	<u>0</u>
Denominator	<u>259</u>	<u>279</u>	<u>259</u>	<u>279</u>	<u>295</u>
Check this box if you cannot report the numerator because					
1. There are fewer than 5 events over the last year, and					
2. The average number of events over the last 3 years is fewer					
than 5 and therefore a 3-year moving average cannot be					
applied.			<u>Yes</u>	<u>Yes</u>	<u>Yes</u>
(Explain data in a year note. See Guidance, Appendix IX.)					
Is the Data Provisional or Final?				<u>Final</u>	<u>Provisional</u>

Field Level Notes

- Section Number:** Form20_Health Status Indicator #02B

Field Name: HSI02B**Row Name:****Column Name:****Year:** 2007**Field Note:**

//2008/- In 2007, one (1) newborn in 2007 weighed less than 1,500 grams. This baby was preterm and the mother was within the high risk age group. The baby died within the neonate period.

- Section Number:** Form20_Health Status Indicator #02B

Field Name: HSI02B**Row Name:****Column Name:****Year:** 2006**Field Note:**

None of the live singleton newborns in 2006 every weighed less than 1,500 grams.

HEALTH STATUS INDICATOR MEASURE # 03A

The death rate per 100,000 due to unintentional injuries among children aged 14 years and younger.

	Annual Indicator Data				
	2004	2005	2006	2007	2008
Annual Indicator	<u>0.0</u>	<u>22.8</u>	<u>0.0</u>	<u>61.5</u>	<u> </u>
Numerator	<u>0</u>	<u>1</u>	<u>0</u>	<u>3</u>	<u> </u>
Denominator	<u>4,667</u>	<u>4,385</u>	<u>4,836</u>	<u>4,875</u>	<u> </u>

Check this box if you cannot report the numerator because
 1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Provisional

Field Level Notes

1. **Section Number:** Form20_Health Status Indicator #03A

Field Name: HSI03A

Row Name:

Column Name:

Year: 2008

Field Note:

//2009/- No data available. We foresee that this data will be available in December of 2009.//2010//

2. **Section Number:** Form20_Health Status Indicator #03A

Field Name: HSI03A

Row Name:

Column Name:

Year: 2007

Field Note:

//2008/- In 2007, there were three (3) deaths due to unintentional injuries among children aged 14 years and younger. This brings the rate of 61.5 per 100,000 populations in this age group. This figure reflect less than 1% death of children of this age group.

Data was taken from Death Certificates of 2007.

3. **Section Number:** Form20_Health Status Indicator #03A

Field Name: HSI03A

Row Name:

Column Name:

Year: 2006

Field Note:

No one died from unintentional injuries among children aged 14 years and younger.

Data was taken from Death Certificates of 2006.

HEALTH STATUS INDICATOR MEASURE # 03B

The death rate per 100,000 for unintentional injuries among children aged 14 years and younger due to motor vehicle crashes.

	Annual Indicator Data				
	2004	2005	2006	2007	2008
Annual Indicator	<u>0.0</u>	<u>0.0</u>	<u>0.0</u>	<u>0.0</u>	<u> </u>
Numerator	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u> </u>
Denominator	<u>4,667</u>	<u>4,385</u>	<u>4,836</u>	<u>4,875</u>	<u> </u>

Check this box if you cannot report the numerator because
 1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Provisional

Field Level Notes

1. **Section Number:** Form20_Health Status Indicator #03B

Field Name: HSI03B

Row Name:

Column Name:

Year: 2008

Field Note:

//2009/- No data available. We foresee that this data will be available in December of 2009.//2010//

2. **Section Number:** Form20_Health Status Indicator #03B

Field Name: HSI03B

Row Name:

Column Name:

Year: 2007

Field Note:

//2008/- In 2007, no deaths were registered due to unintentional injuries due to motor vehicle crashes among children aged 14 years and younger although the MVA related deaths are accounted to age group 15 and older (2 deaths). This has been consistent in the last five years.

3. **Section Number:** Form20_Health Status Indicator #03B

Field Name: HSI03B

Row Name:

Column Name:

Year: 2006

Field Note:

No deaths were registered due to unintentional injuries due to motor vehicle crashes among children aged 14 years and younger.

HEALTH STATUS INDICATOR MEASURE # 03C

The death rate per 100,000 from unintentional injuries due to motor vehicle crashes among youth aged 15 through 24 years.

	Annual Indicator Data				
	2004	2005	2006	2007	2008
Annual Indicator	<u>0.0</u>	<u>0.0</u>	<u>36.4</u>	<u>72.2</u>	<u> </u>
Numerator	<u>0</u>	<u>0</u>	<u>1</u>	<u>2</u>	<u> </u>
Denominator	<u>2,362</u>	<u>2,068</u>	<u>2,750</u>	<u>2,772</u>	<u> </u>

Check this box if you cannot report the numerator because
 1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Provisional

Field Level Notes

- Section Number:** Form20_Health Status Indicator #03C

Field Name: HSI03C

Row Name:

Column Name:

Year: 2008

Field Note:

//2009/- No data available. We foresee that this data will be available in December of 2009.//2010//

- Section Number:** Form20_Health Status Indicator #03C

Field Name: HSI03C

Row Name:

Column Name:

Year: 2007

Field Note:

//2008/- In 2007, there were two deaths registered due to unintentional injuries among children aged 15 through 24 years old due to motor vehicle crashes. The rate reflect less than 1% of death in this age group.

- Section Number:** Form20_Health Status Indicator #03C

Field Name: HSI03C

Row Name:

Column Name:

Year: 2006

Field Note:

There was one 17 year old who died due to motor vehicle crash in 2006.

HEALTH STATUS INDICATOR MEASURE # 04A

The rate per 100,000 of all nonfatal injuries among children aged 14 years and younger.

	2004	2005	Annual Indicator Data		2008
			2006	2007	
Annual Indicator	428.5	416.8	13,399.5	1,620.5	
Numerator	20	20	648	79	
Denominator	4,667	4,798	4,836	4,875	

Check this box if you cannot report the numerator because
 1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Provisional

Field Level Notes

1. **Section Number:** Form20_Health Status Indicator #04A

Field Name: HSI04A

Row Name:

Column Name:

Year: 2008

Field Note:

/2009/- No data available. We foresee that this data will be available in December 2009./2010//

2. **Section Number:** Form20_Health Status Indicator #04A

Field Name: HSI04A

Row Name:

Column Name:

Year: 2007

Field Note:

//2008/- In 2007, there are 1,620 non-fatal injuries for every 100,000 among children aged 14 and younger. This represents 1.6% or 16 per 1,000 injuries in this age group. The small size of population makes the calculation and use of "rate/100,000" an unreasonable indicator for our population. A percent and/or a rate per 1,000 makes more sense to us than a rate indicated in a 100,000. Based on the data that we have, injuries to this age group reflect approximately 17% of all injuries. The denominator is based on the population projection that FHU has established based on 2000 and 2005 census.

These are preliminary data and we still need to verify their accuracy. Due to issues we have with our hospital information system, we were not able to test for validity of this information and therefore after the review we will be in a better position to finalize the indicators.

3. **Section Number:** Form20_Health Status Indicator #04A

Field Name: HSI04A

Row Name:

Column Name:

Year: 2006

Field Note:

There are 13,399 non-fatal injuries for every 100,000 among children aged 14 and younger.

HEALTH STATUS INDICATOR MEASURE # 04B

The rate per 100,000 of nonfatal injuries due to motor vehicle crashes among children aged 14 years and younger.

	Annual Indicator Data				
	2004	2005	2006	2007	2008
Annual Indicator	85.7	83.4	289.5	41.0	
Numerator	4	4	14	2	
Denominator	4,667	4,798	4,836	4,875	

Check this box if you cannot report the numerator because
 1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Provisional

Field Level Notes

1. **Section Number:** Form20_Health Status Indicator #04B

Field Name: HSI04B

Row Name:

Column Name:

Year: 2008

Field Note:

/2009/- No data available. We foresee that this data will be available in December 2009./2010//

2. **Section Number:** Form20_Health Status Indicator #04B

Field Name: HSI04B

Row Name:

Column Name:

Year: 2007

Field Note:

//2008/- In 2007, among the non-fatal injuries, there were 41 of these for every 100,000 children aged 14 years and younger due to motor vehicle crashes.

These are preliminary data and we still need to verify their accuracy. Due to issues we have with our hospital information system, we were not able to test for validity of this information and therefore after the review we will be in a better position to finalize the indicators.

3. **Section Number:** Form20_Health Status Indicator #04B

Field Name: HSI04B

Row Name:

Column Name:

Year: 2006

Field Note:

Among the non-fatal injuries, there were 289.5 of these for every 100,000 children aged 14 years and younger due to motor vehicle crashes.

HEALTH STATUS INDICATOR MEASURE # 04C

The rate per 100,000 of nonfatal injuries due to motor vehicle crashes among youth aged 15 through 24 years.

	2004	2005	Annual Indicator Data		
			2006	2007	2008
Annual Indicator	635.1	439.9	436.4	36.1	
Numerator	15	12	12	1	
Denominator	2,362	2,728	2,750	2,772	

Check this box if you cannot report the numerator because
 1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Provisional

Field Level Notes

1. **Section Number:** Form20_Health Status Indicator #04C

Field Name: HSI04C

Row Name:

Column Name:

Year: 2008

Field Note:

//2009/- No data available. We foresee that this data will be available in December 2009.//2010//

2. **Section Number:** Form20_Health Status Indicator #04C

Field Name: HSI04C

Row Name:

Column Name:

Year: 2007

Field Note:

//2008/- In 2007, among the 15-24 years old, the rate of non-fatal injuries due to motor vehicle crashes is 36 per 100,000 population (in this age group).

These are preliminary data and we still need to verify their accuracy. Due to issues we have with our hospital information system, we were not able to test for validity of this information and therefore after the review we will be in a better position to finalize the indicators.

3. **Section Number:** Form20_Health Status Indicator #04C

Field Name: HSI04C

Row Name:

Column Name:

Year: 2006

Field Note:

Among the 15-24 years old, the rate of non-fatal injuries due to motor vehicle crashes is 436 per 100,000 population (in this age group).

HEALTH STATUS INDICATOR MEASURE # 05A

The rate per 1,000 women aged 15 through 19 years with a reported case of chlamydia.

	Annual Indicator Data				
	2004	2005	2006	2007	2008
Annual Indicator	35.7	11.6	12.0	22.4	
Numerator	21	11	9	17	
Denominator	588	950	753	759	

Check this box if you cannot report the numerator because
 1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Provisional

Field Level Notes

1. Section Number: Form20_Health Status Indicator #05A

Field Name: HSI05A

Row Name:

Column Name:

Year: 2008

Field Note:

//2009/- In 2008, 10.5 per 1000 women aged 15-19 years old have had Chlamydia infection. Efforts are done in the schools and the community to make them aware of sexually transmitted infections including HIV. There is strong partnership between the schools, FHU/MCH and the STI/HIV programs to deal with the problems related to sexually transmitted infections. Majority of clamydia cases are identified and treated in the prenatal, Gyn, and family planning clinics and referral are made for STI contact tracing and treatment.//2010//

2. Section Number: Form20_Health Status Indicator #05A

Field Name: HSI05A

Row Name:

Column Name:

Year: 2007

Field Note:

//2008/- In 2007, 22.4 per 1000 women aged 15-19 years old have had Chlamydia infection. Efforts are done in the schools and the community to make them aware of sexually transmitted infections including HIV. There is strong partnership between the schools, FHU/MCH and the STI/HIV programs to deal with the problems related to sexually transmitted infections. Majority of clamydia cases are identified and treated in the prenatal and family planning clinics and referral are made for STI contact tracing and treatment.

3. Section Number: Form20_Health Status Indicator #05A

Field Name: HSI05A

Row Name:

Column Name:

Year: 2006

Field Note:

Chlamydia trachomatis is one of the more common sexually transmitted infections. It's almost always asymptomatic and ascending in nature such that it has dire consequences like Pelvic Inflammatory Disease.

Younger population is also at risk with this infection due to risky behavior and because biologically and physiologically their reproductive system is not fully developed.

In Palau, 6.1 per 1000 women aged 15-19 years old have had Chlamydia infection. Efforts are done in the schools and the community to make them aware of sexually transmitted infections including HIV. There is strong partnership between the schools, FHU/MCH and the STI/HIV programs to deal with the problems related to sexually transmitted infections.

Population of this group was culled from the Population Projection using exponential methods.

HEALTH STATUS INDICATOR MEASURE # 05B

The rate per 1,000 women aged 20 through 44 years with a reported case of chlamydia.

		Annual Indicator Data			
	2004	2005	2006	2007	2008
Annual Indicator	16.5	8.3	16.5	22.4	
Numerator	61	30	60	82	
Denominator	3,702	3,603	3,632	3,661	
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.					
(Explain data in a year note. See Guidance, Appendix IX.)					
Is the Data Provisional or Final?				Provisional	

Field Level Notes**1. Section Number:** Form20_Health Status Indicator #05B**Field Name:** HSI05B**Row Name:****Column Name:****Year:** 2008**Field Note:**

//2009/- In 2008, about 14.6 for every 1000 women aged 20-44 years have had Chlamydia infection. Identification of cases in this age group also follows the pattern for the 15-19 age group. At the communities, information and communication campaigns are done to increase the level of awareness of women as to signs and symptoms and risk of STI. Services are also strengthened at the Belau National Hospital, Out Patient and the Dispensaries in the outlying communities.//2010//

2. Section Number: Form20_Health Status Indicator #05B**Field Name:** HSI05B**Row Name:****Column Name:****Year:** 2007**Field Note:**

//2008/- In 2007, about 22.4 for every 1000 women aged 20-44 years have had Chlamydia infection. Identification of cases in this age group also follows the pattern for the 15-19 age group. At the communities, information and communication campaigns are done to increase the level of awareness of women as to signs and symptoms and risk of STI. Services are also strengthened at the Belau National Hospital, Out Patient and the Dispensaries in the outlying communities.

3. Section Number: Form20_Health Status Indicator #05B**Field Name:** HSI05B**Row Name:****Column Name:****Year:** 2006**Field Note:**

About 13.7 for every 1000 women aged 20-44 years have had Chlamydia infection. At the communities, information and communication campaigns are done to increase the level of awareness of women as to signs and symptoms and risk of STI. Services are also strengthened at the Belau National Hospital, Out Patient and the Dispensaries in the outlying communities.

FORM 21
HEALTH STATUS INDICATORS
DEMOGRAPHIC DATA
STATE: PW

HSI #06A - Demographics (Total Population) *Infants and children aged 0 through 24 years enumerated by sub-populations of age group and race. (Demographics)*

For both parts A and B: Reporting Year: 2008 Is this data from a State Projection? Yes Is this data final or provisional? Provisional

CATEGORY TOTAL POPULATION BY RACE	Total All Races	White	Black or African American	American Indian or Native Alaskan	Asian	Native Hawaiian or Other Pacific Islander	More than one race reported	Other and Unknown
Infants 0 to 1	279	3	0	0	31	245	0	0
Children 1 through 4	1,117	11	0	0	123	983	0	0
Children 5 through 9	1,558	16	0	0	171	1,371	0	0
Children 10 through 14	1,961	20	0	0	216	1,725	0	0
Children 15 through 19	1,498	15	0	0	165	1,318	0	0
Children 20 through 24	1,297	13	0	0	143	1,141	0	0
Children 0 through 24	7,710	78	0	0	849	6,783	0	0

HSI #06B - Demographics (Total Population) *Infants and children aged 0 through 24 years enumerated by sub-populations of age group and ethnicity. (Demographics)*

CATEGORY TOTAL POPULATION BY HISPANIC ETHNICITY	Total NOT Hispanic or Latino	Total Hispanic or Latino	Ethnicity Not Reported
Infants 0 to 1	279	0	0
Children 1 through 4	1,117	0	0
Children 5 through 9	1,558	0	0
Children 10 through 14	1,961	0	0
Children 15 through 19	1,498	0	0
Children 20 through 24	1,297	0	0
Children 0 through 24	7,710	0	0

FORM 21
HEALTH STATUS INDICATORS
DEMOGRAPHIC DATA
STATE: PW

HSI #07A - Demographics (Total live births) *Live births to women (of all ages) enumerated by maternal age and race. (Demographics)*

For both parts A and B: Reporting Year: 2008 Is this data from a State Projection? No Is this data final or provisional? Provisional

CATEGORY TOTAL LIVE BIRTHS BY RACE	Total All Races	White	Black or African American	American Indian or Native Alaskan	Asian	Native Hawaiian or Other Pacific Islander	More than one race reported	Other and Unknown
Women < 15	1	0	0	0	0	1	0	0
Women 15 through 17	5	0	0	0	0	5	0	0
Women 18 through 19	15	0	0	0	0	15	0	0
Women 20 through 34	183	2	0	0	31	150	0	0
Women 35 or older	91	1	0	0	16	74	0	0
Women of all ages	295	3	0	0	47	245	0	0

HSI #07B - Demographics (Total live births) *Live births to women (of all ages) enumerated by maternal age and ethnicity. (Demographics)*

CATEGORY TOTAL LIVE BIRTHS BY HISPANIC ETHNICITY	Total NOT Hispanic or Latino	Total Hispanic or Latino	Ethnicity Not Reported
Women < 15	1	0	0
Women 15 through 17	5	0	0
Women 18 through 19	15	0	0
Women 20 through 34	183	0	0
Women 35 or older	91	0	0
Women of all ages	295	0	0

FORM 21
HEALTH STATUS INDICATORS
DEMOGRAPHIC DATA
STATE: PW

HSI #08A - Demographics (Total deaths) Deaths of Infants and children aged 0 through 24 years enumerated by age subgroup and race. (Demographics)

For both parts A and B: Reporting Year: 2008 Is this data from a State Projection? No Is this data final or provisional? Provisional

CATEGORY TOTAL DEATHS BY RACE	Total All Races	White	Black or African American	American Indian or Native Alaskan	Asian	Native Hawaiian or Other Pacific Islander	More than one race reported	Other and Unknown
Infants 0 to 1	2	0	0	0	0	2	0	0
Children 1 through 4	0	0	0	0	0	0	0	0
Children 5 through 9	1	0	0	0	0	1	0	0
Children 10 through 14	2	0	0	0	0	2	0	0
Children 15 through 19	6	0	0	0	0	6	0	0
Children 20 through 24	3	0	0	0	0	3	0	0
Children 0 through 24	14	0	0	0	0	14	0	0

HSI #08B - Demographics (Total deaths) Deaths of Infants and children aged 0 through 24 years enumerated by age subgroup and ethnicity. (Demographics)

CATEGORY TOTAL DEATHS BY HISPANIC ETHNICITY	Total NOT Hispanic or Latino	Total Hispanic or Latino	Ethnicity Not Reported
Infants 0 to 1	2	0	0
Children 1 through 4	0	0	0
Children 5 through 9	1	0	0
Children 10 through 14	2	0	0
Children 15 through 19	6	0	0
Children 20 through 24	3	0	0
Children 0 through 24	14	0	0

FORM 21
HEALTH STATUS INDICATORS
DEMOGRAPHIC DATA
STATE: PW

HSI #09A - Demographics (Miscellaneous Data) *Infants and children aged 0 through 19 years in miscellaneous situations or enrolled in various State programs enumerated by race. (Demographics)*

Is this data final or provisional? Provisional

CATEGORY Miscellaneous Data BY RACE	Total All Races	White	Black or African American	American Indian or Native Alaskan	Asian	Native Hawaiian or Other Pacific Islander	More than one race reported	Other and Unknown	Specific Reporting Year
All children 0 through 19	6,412	64	0	0	705	5,643	0	0	2008
Percent in household headed by single parent	15.0	0.0	0.0	0.0	15.0	15.0	0.0	0.0	2008
Percent in TANF (Grant) families	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	2008
Number enrolled in Medicaid	0	0	0	0	0	0	0	0	2008
Number enrolled in SCHIP	0	0	0	0	0	0	0	0	2008
Number living in foster home care	0	0	0	0	0	0	0	0	2008
Number enrolled in food stamp program	0	0	0	0	0	0	0	0	2008
Number enrolled in WIC	0	0	0	0	0	0	0	0	2008
Rate (per 100,000) of juvenile crime arrests	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	2008
Percentage of high school drop-outs (grade 9 through 12)	13.0	0.0	0.0	0.0	0.0	2.0	0.0	0.0	2008

HSI #09B - Demographics (Miscellaneous Data) *Infants and children aged 0 through 19 years in miscellaneous situations or enrolled in various State programs enumerated by ethnicity. (Demographics)*

CATEGORY Miscellaneous Data BY HISPANIC ETHNICITY	Total NOT Hispanic or Latino	Total Hispanic or Latino	Ethnicity Not Reported	Specific Reporting Year
All children 0 through 19	6,412	0	0	2008
Percent in household headed by single parent	15.0	0.0	0.0	2008
Percent in TANF (Grant) families	0.0	0.0	0.0	2008
Number enrolled in Medicaid	0	0	0	2008
Number enrolled in SCHIP	0	0	0	2008
Number living in foster home care	0	0	0	2008
Number enrolled in food stamp program	0	0	0	2008
Number enrolled in WIC	0	0	0	2008
Rate (per 100,000) of juvenile crime arrests	0.0	0.0	0.0	2008
Percentage of high school drop-outs (grade 9 through 12)	2.0	0.0	0.0	2008

FORM 21
HEALTH STATUS INDICATORS
DEMOGRAPHIC DATA
STATE: PW

HSI #10 - Demographics (Geographic Living Area) *Geographic living area for all resident children aged 0 through 19 years old. (Demographics)*

Reporting Year: 2008 Is this data from a State Projection? Yes Is this data final or provisional? Provisional

GEOGRAPHIC LIVING AREAS	TOTAL
Living in metropolitan areas	75
Living in urban areas	0
Living in rural areas	25
Living in frontier areas	0
Total - all children 0 through 19	25

Note:

The Total will be determined by adding reported numbers for urban, rural and frontier areas.

FORM 21
HEALTH STATUS INDICATORS
DEMOGRAPHIC DATA
STATE: PW

HSI #11 - Demographics (Poverty Levels) *Percent of the State population at various levels of the federal poverty level. (Demographics)*

Reporting Year: 2008 Is this data from a State Projection? Yes Is this data final or provisional? Provisional

POVERTY LEVELS	TOTAL
Total Population	20,227.0
Percent Below: 50% of poverty	30.7
100% of poverty	54.1
200% of poverty	90.4

FORM 21
HEALTH STATUS INDICATORS
DEMOGRAPHIC DATA
STATE: PW

HSI #12 - Demographics (Poverty Levels) *Percent of the State population aged 0 through 19 at various levels of the federal poverty level. (Demographics)*

Reporting Year: 2008 Is this data from a State Projection? No Is this data final or provisional? Provisional

POVERTY LEVELS	TOTAL
Children 0 through 19 years old	6,412.0
Percent Below: 50% of poverty	30.4
100% of poverty	54.1
200% of poverty	90.4

FORM NOTES FOR FORM 21

/2009/ - Deaths to children's pattern remains similar to last year. Causes remain injury with drowning and suicide playing a big factor in the cause of death. Suprisingly, cancer related causes is appearing in this reporting year.//2010//

FIELD LEVEL NOTES

None